

Name  
in  
Full

Wm Herman Ayres

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

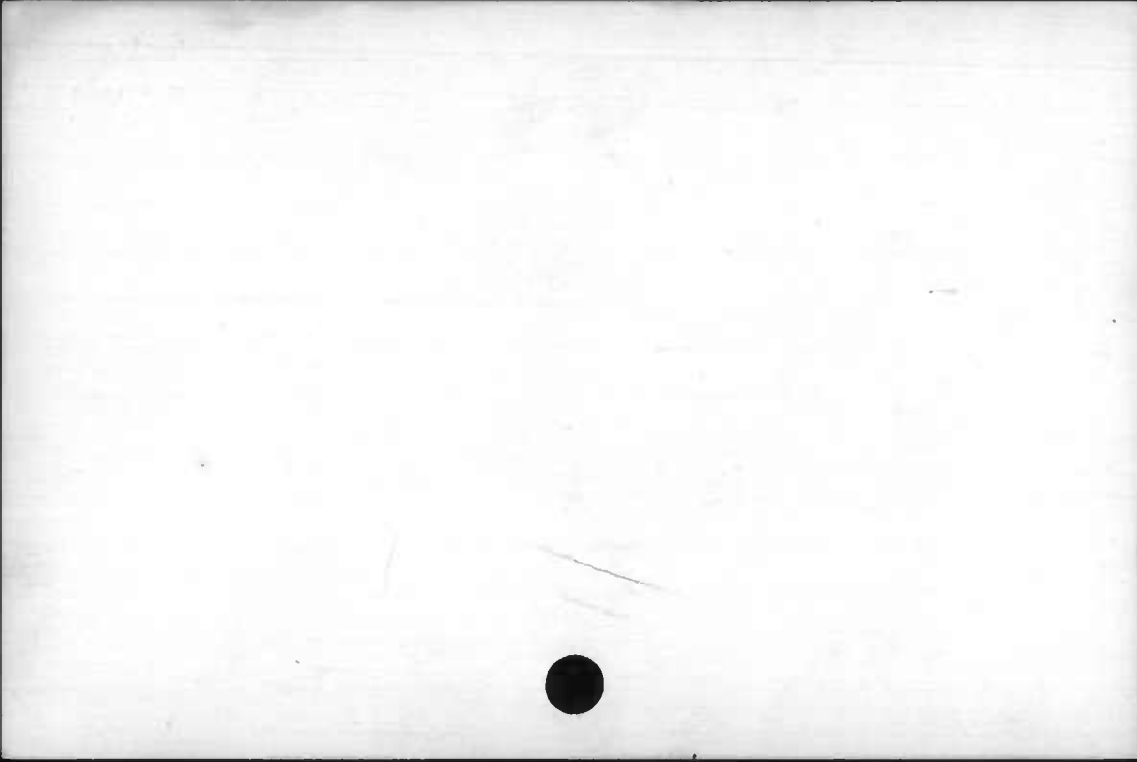
Died at <u>Brunswick</u>		Town <u>Fredrick</u>		County		MARYLAND	
Date of death 1909		Month <u>Aug</u>	Day <u>1</u>	Age <u>—</u>	Years	Months <u>5</u>	Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>Whit</u>		Birth-place <u>Brunswick</u>			
Occupation <u>None</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Harry Ayres</u>				Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Elba Wood</u>				Mother's Birthplace <u>Pa</u>			
Name of person giving Information <u>Harry Ayres</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>4 days</u>
Immediate	<u>Meningitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. L. Horne</u>	
<u>yes</u>		Address <u>Brunswick</u>	
Accident or Suicide <u>no</u>		<u>no</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Pomoke Rocks*

Town

*Frederick*

County

Date

of death *1909*

Month

*Aug*

Day

*17*

Age

Years

Months

*3*

Days

*6*

Sex

*Female*Color or  
Race*White*Birth-  
place*Pomoke Rocks Md*

Occupation

Where Residing if not  
at place of death*Hagerstown*~~Married~~ Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Grover C. Barnett*Father's  
Birthplace*Loudon Co Va*Mother's  
Maiden Name*Attie T. Dean*Mother's  
Birthplace*Pomoke Rocks Md*Name of person giving  
In formation*Grover C. Barnett*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*mer Formed Heart*

How long

*150 x since birth*

Immediate

*Paralysis Heart*

How long

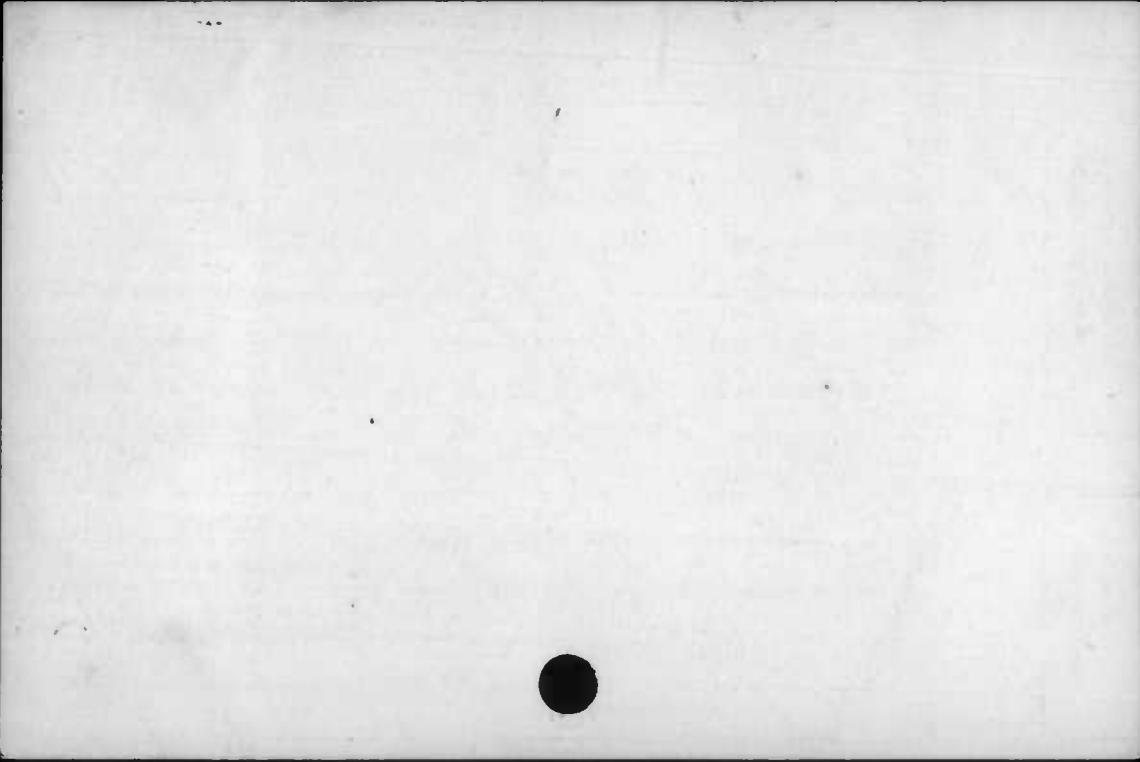
*Immediate*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*R. W. Watkins Trapnell*

Address

*Pomoke Rocks**Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Edward Baxter

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Thurmont <sup>Town</sup> Frederick <sup>County</sup> **MARYLAND**

Date of death 190 9 <sup>Month</sup> July <sup>Day</sup> 7 Age 70 <sup>Years</sup> 3 <sup>Months</sup> 10 <sup>Days</sup>

Sex Male Color or Race White Birth-place Maryland

Occupation Laborer Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Barbara Anna Plover

Father's Name Leannack Baxter Father's Birthplace Ind.

Mother's Maiden Name Catherine Holland Mother's Birthplace Ind.

Name of person giving Information C. M. Baxter How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Certain alluvionis, Septicæmia How long 5 yrs

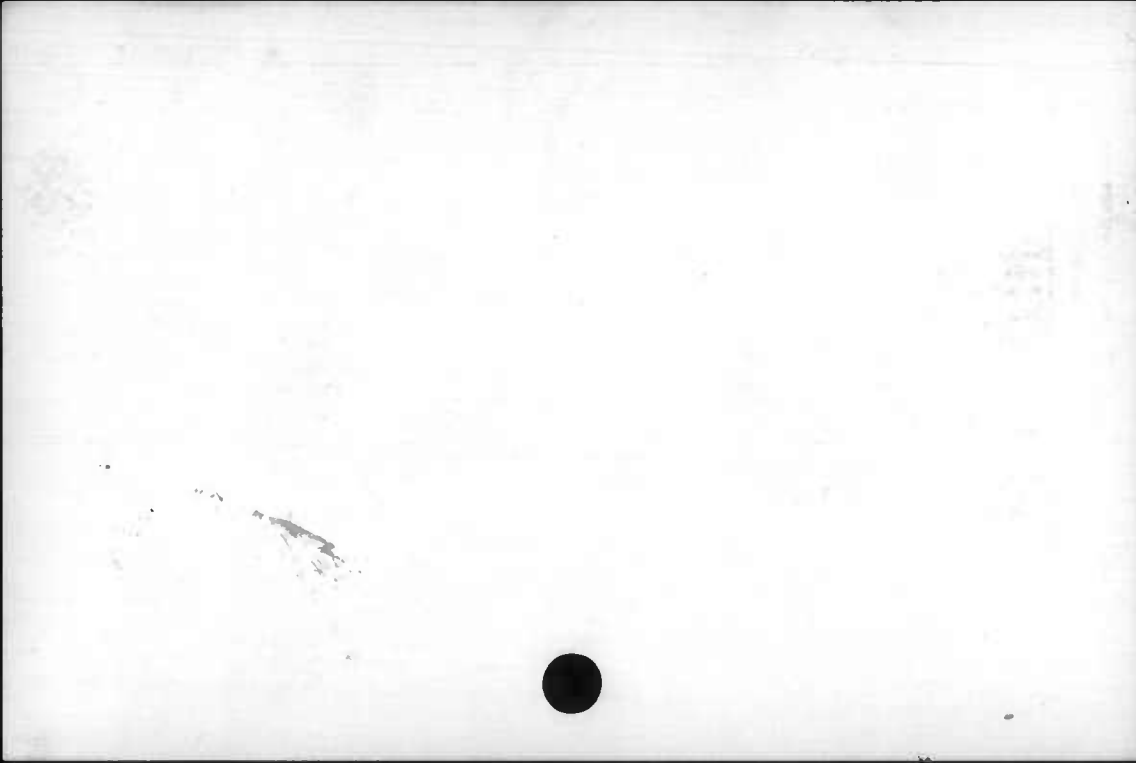
Immediate Uremia and Gargelias How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Kefauver

Address Thurmont, Ind.

Accident or Suicide ✓



Name  
in  
Full

Infant Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Mt Pleasant</i> <sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	8
		Day	31
		Age	Years <i>—</i>
		Months	<i>—</i>
		Days	<i>—</i>
Sex	<i>Female</i>		Color or Race
Occupation	<i>—</i>		Birth-place
	<i>—</i>		<i>Near Mt Pleasant</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband
	<i>—</i>		<i>—</i>
Father's Name	<i>Stonewall J. Beall</i>		Father's Birthplace
	<i>—</i>		<i>Fredk Co Md</i>
Mother's Maiden Name	<i>Katie Bunner</i>		Mother's Birthplace
	<i>—</i>		<i>" " "</i>
Name of person giving information	<i>S. J. Beall</i>		How related to deceased
	<i>—</i>		<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature</i>	How long	<i>8 mos</i>
Immediate	<i>Cardiac pain</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. H. Hedden</i>
	<i>—</i>	Address	<i>Frederick</i>
Accident or Suicide?	<i>—</i>		

Interment Sep 1 - 09

" at Mt. Olivet Cemetery

Thomas P. Rice Jr & Co.

Dr Hedges.

Dr Goodell.

Dr McE Gurdy.



Name  
in  
Full

CERTIFICATE OF DEATH

*Lula A. Benzel*

Town

County

MARYLAND

Died at *Emmitsburg*

*Frederick*

Date

Month

Day

Years

Months

Days

of death

*1909 Aug 25*

Age

*1*

*1*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*MD*

Occupation

*Infant*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Jacob S. Benzel*

Father's  
Birthplace

*MD*

Mother's  
Maiden Name

*Helen Riffe*

Mother's  
Birthplace

*Pa*

Name of person giving  
Information

*Jacob S. Benzel*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Premature Birth -*

How long

*(151)*

Immediate

*Marasmus -*

How long

*3 wks.*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*Dr. D. E. Stone  
Emmitsburg  
Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Willie Dawson Bohm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *W. Roesty Ridge*<sup>County</sup> *Fredmore*

MARYLAND

Date of death <sup>Month</sup> *1909 Aug* <sup>Day</sup> *7<sup>th</sup>*Age <sup>Years</sup> *7*<sup>Months</sup> *1* <sup>Days</sup>Sex *Male*Color or  
Race*white*Birth-  
place*W. Roesty Ridge*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Erwin E. Bohm*Father's  
Birthplace*Liberty, Md*Mother's  
Maiden Name*Ada Beckler*Mother's  
Birthplace*Washington Co. Md.*Name of person giving  
In formation*E. E. Bohm*How related  
to deceased*Father*

## CAUSES OF DEATH

**105**

Primary

*Chocera Infarctum  
Convulsions*

How long

*3 days*

Immediate

How long

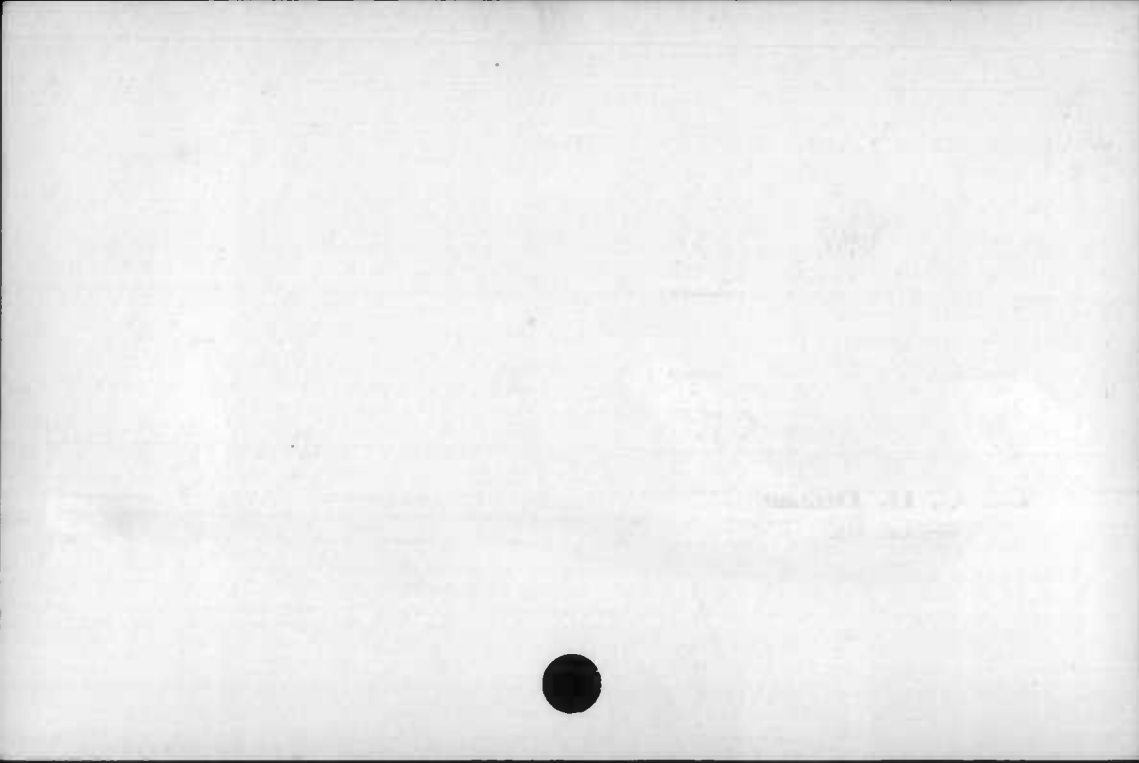
*4 hours.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*C. H. Diller*

Address

*Detour**Null*

Accident or Suicide?

*—*PHYSICIAN  
OR CORONER



Name  
in  
Full

Laura E. Brengle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Did at Frederick Town Frederick Co County MARYLAND  
Date of death 1909 Month 8 Day 25 Age 68 Years — Months — Days —  
Sex Female Color or Race White Birth-place Frederick Co  
Occupation — Where Residing if not at place of death —

Married, Single  
~~or Widowed~~

Name of Wife or  
~~Husband~~

Father's Name Alfred F. Brengle

Father's Birthplace Frederick Co

Mother's Maiden Name Louisa Brengle

Mother's Birthplace " "

Name of person giving Information Mrs Wm H Kemp

How related to deceased Sister

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Interstitial Nephritis

How long 15 years

Immediate Cardiac asthma

How long Two days

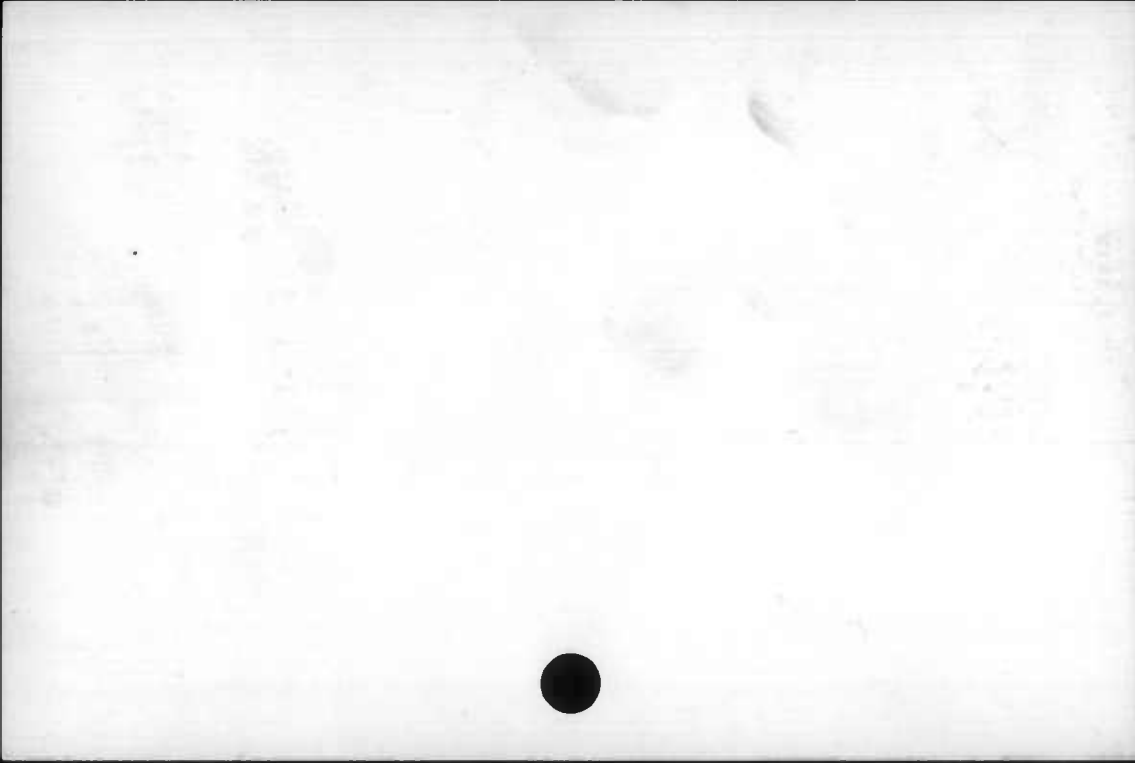
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. P. Fahrney M.D.  
Frederick Md

Accident or Suicide



Name

in  
Full

Edward Geno Brightwell

CERTIFICATE OF DEATH

Town County  
Died at *Fredericks* *Fredericks*  
MARYLAND  
Date of death 1909 8 11 Age 0 Months 2 Days 2  
Sex *Male* Color or Race *White* Birth-place *Fredericks*  
Occupation \_\_\_\_\_ Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Geno Brightwell* Father's Birthplace *Fredericks*  
Mother's Maiden Name *Mary E. Bargett* Mother's Birthplace *Fredericks Co. Md*  
Name of person giving information *Geno Brightwell* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Chama Infantum* How long *5 days*  
Immediate *Exhaustion* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*L. C. F. Goodhue*

Address

*Fredericks Md*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Aug. 12 - 1909  
" at Mt. Olivet Cemetery  
Thomas P. Rice F.R.D.

Dr. Goodell

Dr Mc Murdy.



Name  
in  
Full

Heleen Marie Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Smithsburg Town Frank County MARYLAND

Date of death 1909 Month 8 Day 26 Age 1 Years 2 Months 6 Days

Sex Female Color or Race white Birth-place Ma

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameHarry C BrownFather's  
BirthplaceMdMother's  
Maiden NameVerna M PooleMother's  
BirthplaceMdName of person giving  
InformationHarry C BrownHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Acute Ileocolitis

How long

105four days

Immediate

Acute Ileocolitis

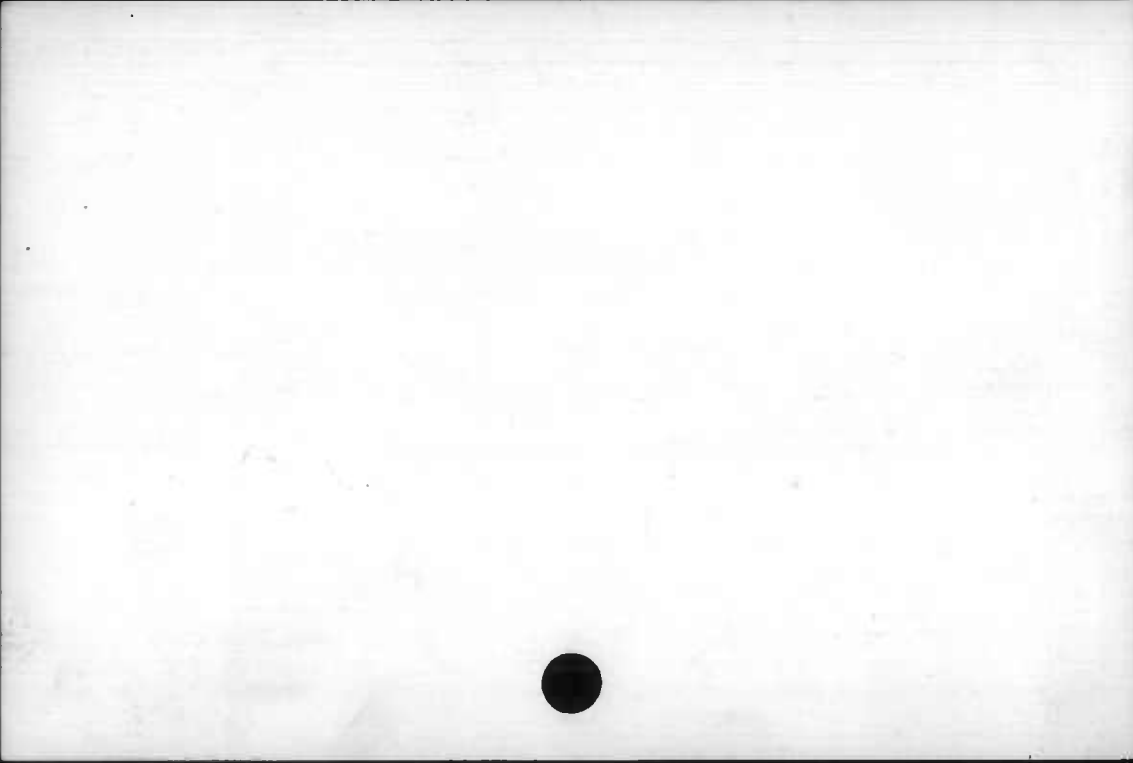
How long

four daysAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianDr M Kefauver  
Smithsburg  
Maryland

Address

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Infant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Near Jefferson<sup>County</sup> FrederickDate of death 1909 <sup>Month</sup> 8 <sup>Day</sup> 9 Age <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 4

Sex Male Color or Race White Birth-place Near Jefferson

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name John T. Burger

Father's Birthplace Pa

Mother's Maiden Name Elizabeth Miles

Mother's Birthplace Md

Name of person giving information John T. Burger

How related to deceased Father

## CAUSES OF DEATH

(71)

Primary

How long

Immediate Convulsions

How long 24 hours

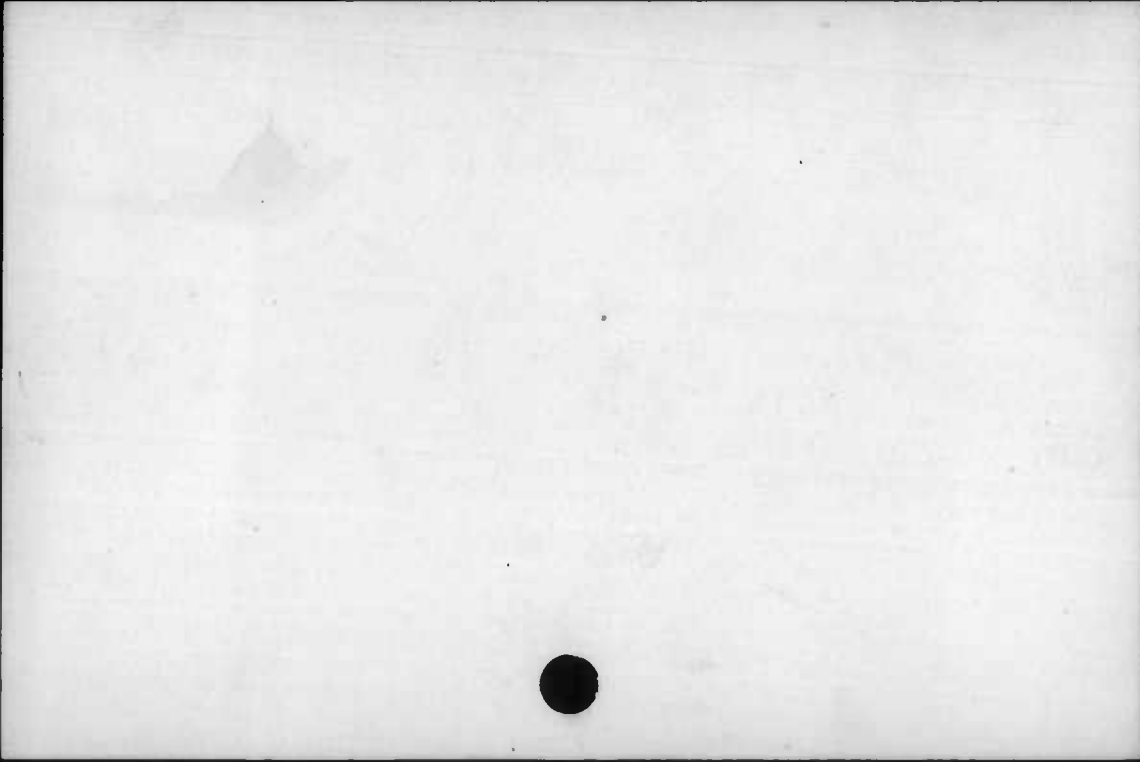
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Dr. H. Boelter, Jr.

Address Jefferson Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Henry A. Butler*

Died at *Emmitsburg* *Frederick* County

Date of death *1909* *aug* *30* Age *32* Months *4* Days *16*

Sex *Male* Color or Race *Black* Birth-place *Md*

Occupation *Days Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Charles A. Butler* Father's Birthplace *Md*

Mother's Maiden Name *Lusy A. Hendricks* Mother's Birthplace *"*

Name of person giving information *Lusy A. Butler* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Influenza* How long *2 Weeks*

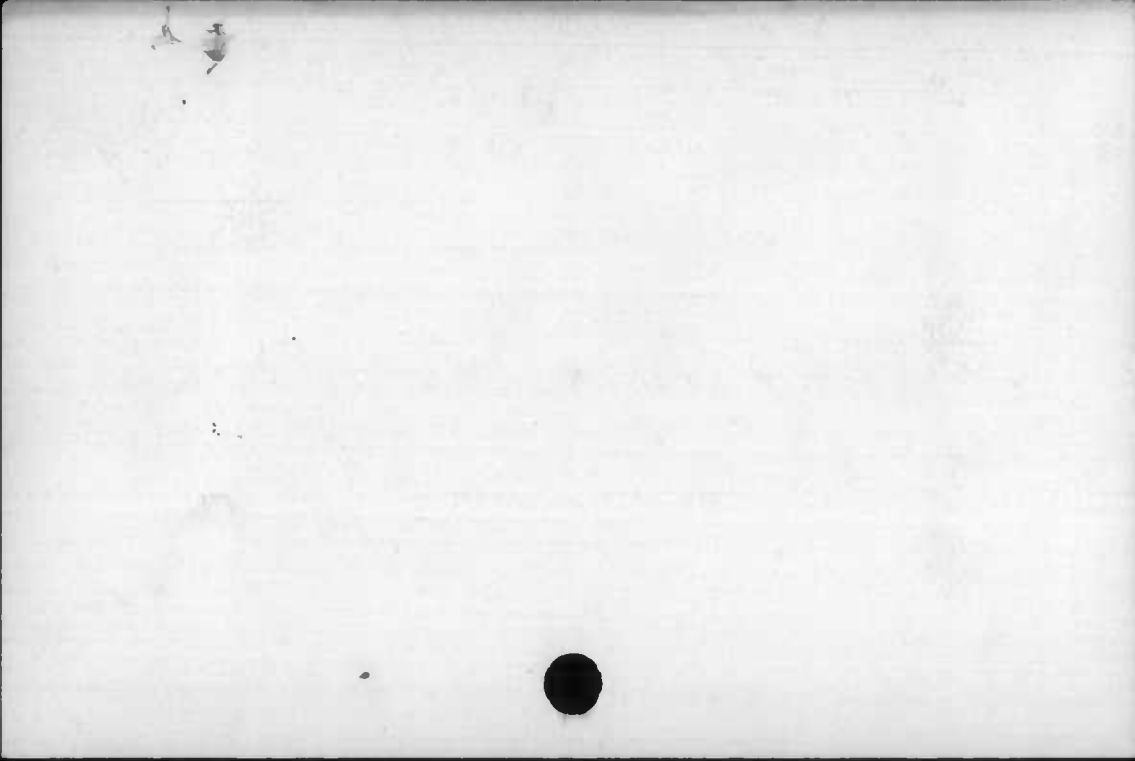
Immediate *Lobar Pneumonia* How long *5 Days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. W. E. Stutz*

Address *Emmitsburg Md*

Accident or Suicide?



Name  
in  
Full

Carrie L. Butts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

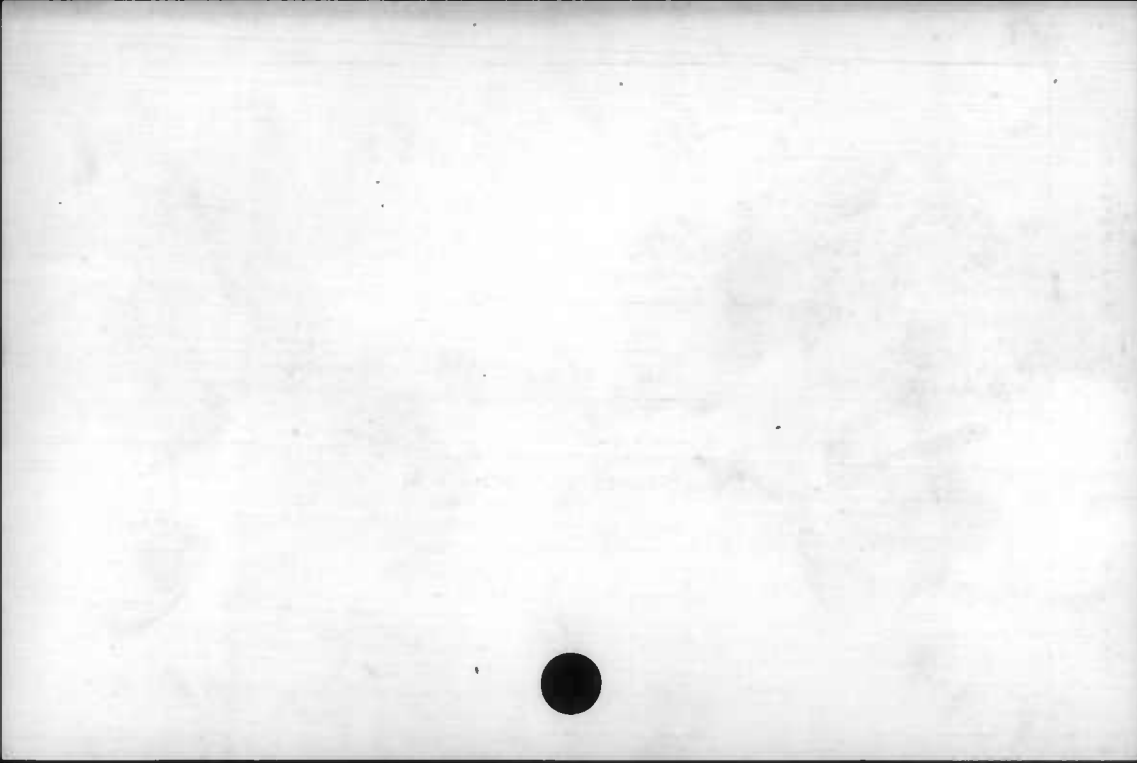
Died at <i>Burkittsville</i> <sup>Town</sup>		<i>Fried.</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>4</i>	Age	<i>29</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>15</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Fried. Co.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Martin Butts</i>		
Father's Name	<i>George Travis</i>	Father's Birthplace	<i>Fried. Co.</i>		
Mother's Maiden Name	<i>Almie Travis</i>	Mother's Birthplace	<i>" "</i>		
Name of person giving information	<i>Martin Butts</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>2 yrs</i>
Immediate	<i>Gastritis and Hemorrhagic Nephritis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>George Young</i>	
		Address <i>Burkittsville Md</i>	
Accident or Suicide			





Name  
in  
Full

Infant of Hallie Corbough

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Coatsville<sup>County</sup> Jude

MARYLAND

Date  
of death 1909

Month 8

Day 26

Age

Years

Months

Days

30

Sex

male

Color or  
Race

White

Birth-  
place

Md

Occupation

Child

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

X

Name of Wife or  
Husband

X

Father's  
Name

Harry Neal

Father's  
Birthplace

Md

Mother's  
Maiden Name

Hallie Corbough

Mother's  
Birthplace

Md

Name of person giving  
Information

Adam Corbough

How related  
to deceased

G. F.

## CAUSES OF DEATH

151

Primary

Malnutrition

How long

3 weeks

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M.A. Long  
Ag.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hamilton Van Township  
Adams County Pa  
(Fairfield)

Name in Full		Certificate of Death			
Mabel Clagitt		Town Rame No 4		County Frederick	
Died at		Month 8		Days 3	
Date of death		1909		Age Years Months Days	
Sex Female		Color or Race white		Birth-place Rame No 4	
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Nathan E. Clagitt		Father's Birthplace Mont. Co. Md			
Mother's Maiden Name H. Edith Browning		Mother's Birthplace Frederick Co. Md			
Name of person giving information H. Edith Browning		How related to deceased mother			
CAUSES OF DEATH					
Primary Epilepsy		How long 8 Y			
Immediate Dystocia		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. N. Hopkins M.D.			
		Address New Market Md			
Accident or Suicide? no					



Name  
in  
Full

Rose R. Constant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Emmitsburg		Frederick					
Date of death	Month	Day	Age	Years	Months	Days	
1909	Aug	12	20		11	1	
Sex	Color or Race		Birth-place				
Female	Colored		Emmitsburg				
Occupation	Where Residing if not at place of death						
House - work							
<del>Married, Single</del> or <del>Widowed</del>	Name of Wife or Husband						
Single	John Constant						
Father's Name	Mother's Maiden Name		Father's Birthplace				
John Constant	Louisa Abby		Emmitsburg				
Mother's Maiden Name	How related to deceased						
Louisa Abby	Undertaker						
Name of person giving Information							
Daniel Sweeney							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	27 Y
Immediate	Haemoptysis	How long	one year
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	12 J. Jamison
		Address	Emmitsburg Md.
Accident or Suicide			



✓ Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Roy Edward Cramer  
Town Chalkersville County Frederick

MARYLAND

Died at Chalkersville Frederick  
Date of death 1909 August 3 Age 22  
Month August Day 3 Years 22 Days 2

Sex male Color or Race White Birth-place Chalkersville

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Harry E. Cramer

Father's Birthplace Frederick Co.

Mother's Maiden Name Mary Estella Ramsburg

Mother's Birthplace Frederick Co.

Name of person giving Information Harry E. Cramer

How related to deceased Father

CAUSES OF DEATH

105  
How long

Primary Gastro-enteritis

2 weeks

Immediate General Peritonitis

2 days

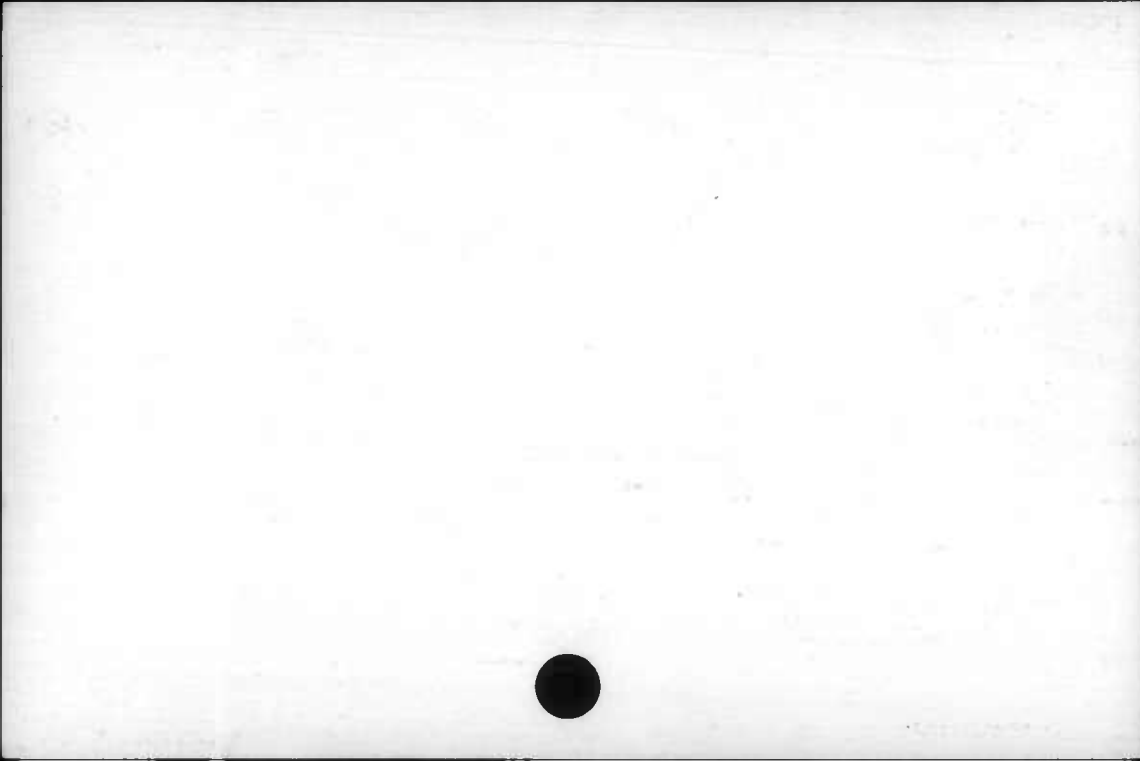
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John F. Ramsburg


Address Chalkersville Maryland

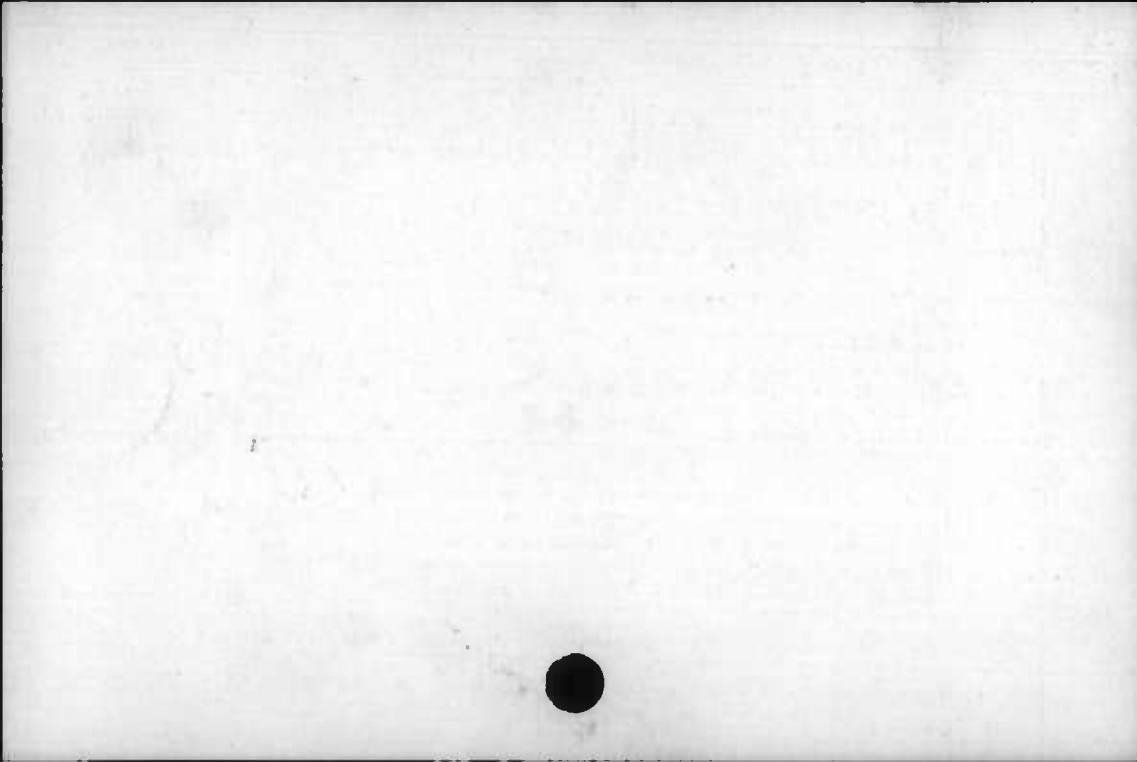
Accident or Suicide

PHYSICIAN  
OR CORONER





Name in Full		Elizabeth Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Seaside		Town		Frederick	
	Date of death	1909	Aug	24	Age	65	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Retired		Where Residing if not at place of death		Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Isaac Brown	
	Father's Name	Paul Hart		Father's Birthplace		Md	
	Mother's Maiden Name	F. Grubbe		Mother's Birthplace		Md	
	Name of person giving information			How related to deceased			
PHYSICIAN OR CORONER	CAUSES OF DEATH						(94) X
	Primary	Hydro Thorax				How long	Only
	Immediate	Heart failure				How long	Instant
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				 Frederick Md			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

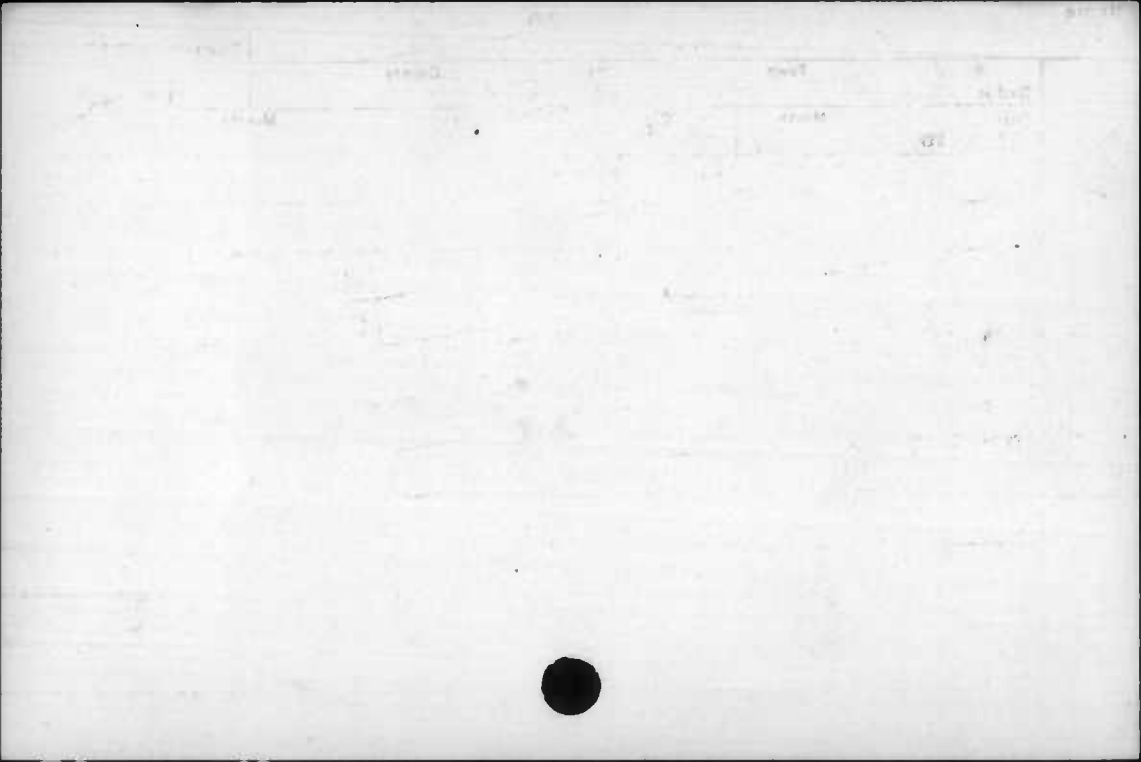
Died at <i>Remington</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>73</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Me</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Cutsail</i>			
Father's Name <i>John Cutsail</i>			Father's Birthplace <i>Me</i>		
Mother's Maiden Name <i>Catherine Fogle</i>			Mother's Birthplace <i>Me</i>		
Name of person giving information <i>George Cutsail</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Gault</i>	
<i>Yes</i>		Address <i>Memphis</i>	
Accident or Suicide?		<i>None</i>	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*Margaret A. Delaplaine*

CERTIFICATE OF DEATH

Died at *Christown* Town *Frederick* County **MARYLAND**

Date of death *1909* Month *8* Day *4* Age *84* Years Months *7* Days *10*

Sex *Female* Color or Race *White* Birth-place *Woodsboro, Md.*

Occupation *Retired* Where Residing if not at place of death *-*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Epheann Delaplaine*

Father's Name *John B. Holl* Father's Birthplace *England*

Mother's Maiden Name *Yarger* Mother's Birthplace *"*

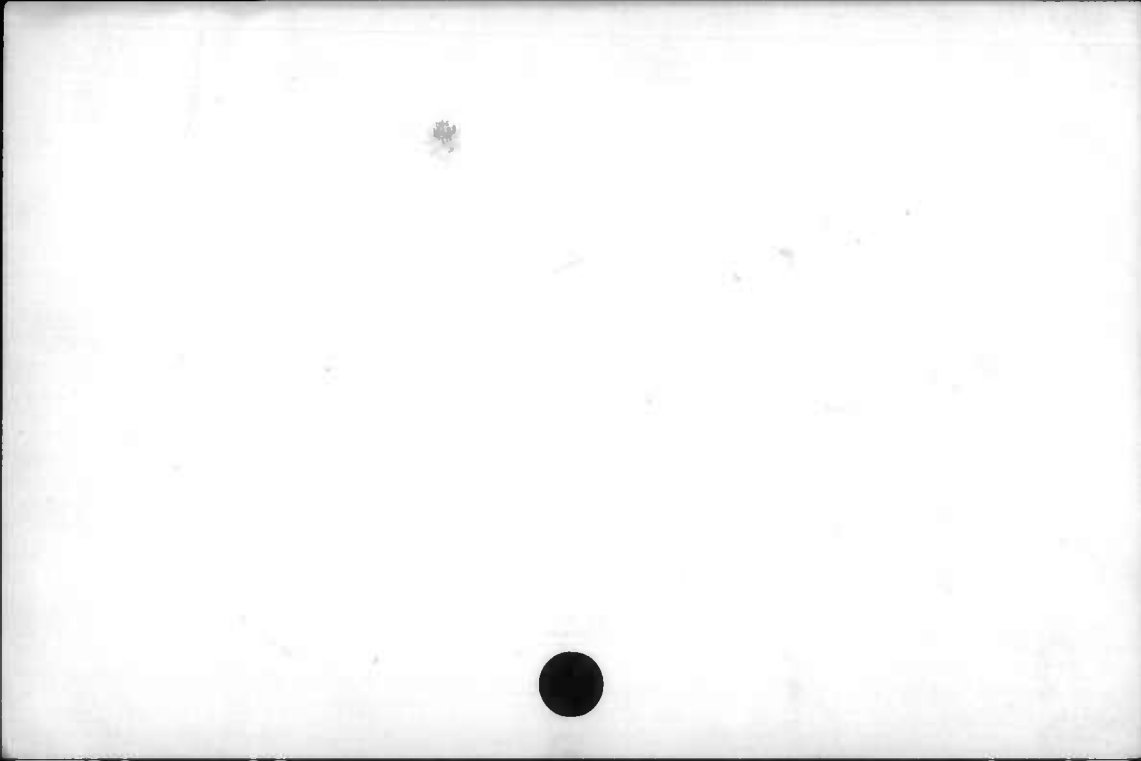
Name of person giving Information *Mrs. Dr. Miller* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Senile Debility* How long *66* X *Yrs.*  
Immediate *Paralysis* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. E. Hillier*

Address *Frederick, Maryland*  
Accident or Suicide *-*



Name in Full *(Diehl) Harry*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Fredrick* Town *Fredrick* County **MARYLAND**

Date of death *1909* Month *8* Day *4* Age *17* Years Months *2* Days *7*

Sex *Male* Color or Race *American* Birth-place *Fredrick Co*

Occupation *Clerk* Where Residing if not at place of death *Johnsville Md*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Jacob Diehl* Father's Birthplace *Fredrick Co*

Mother's Maiden Name *Ella Spoon* Mother's Birthplace *Fredrick Co*

Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Eutemic Fever* How long *(2)*

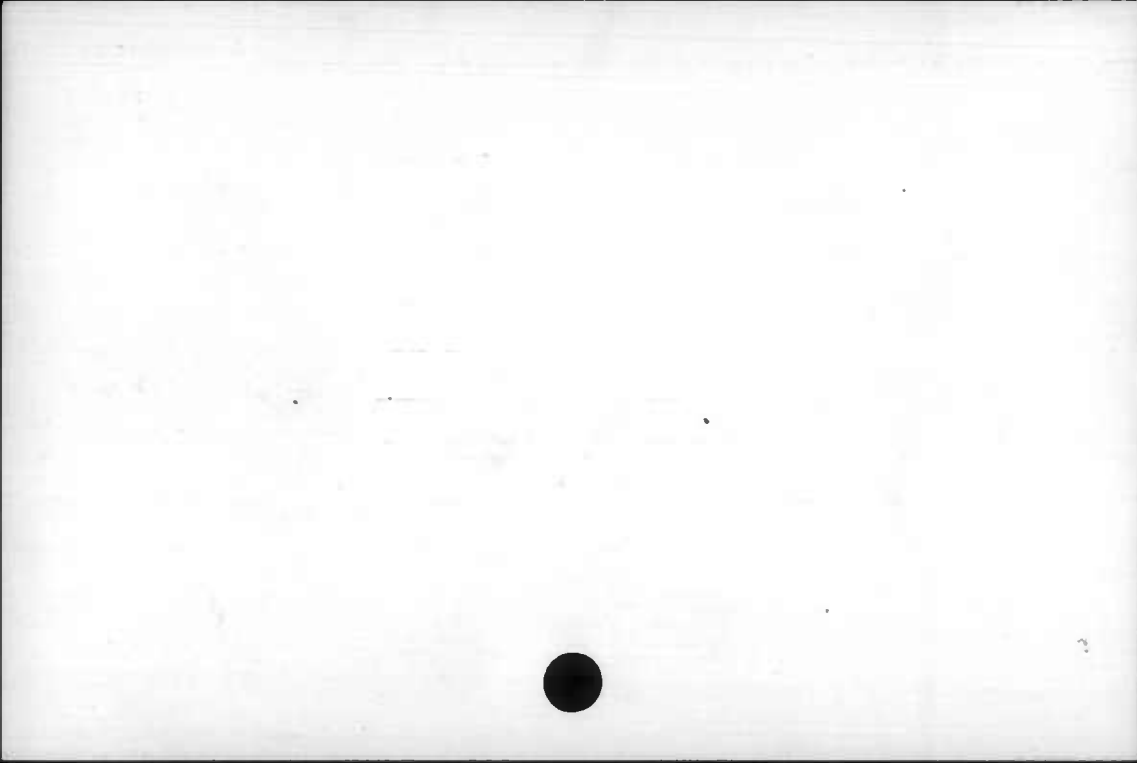
Immediate *Asthenia* How long *2 days since under treatment*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. P. Mahoney, M.D.*

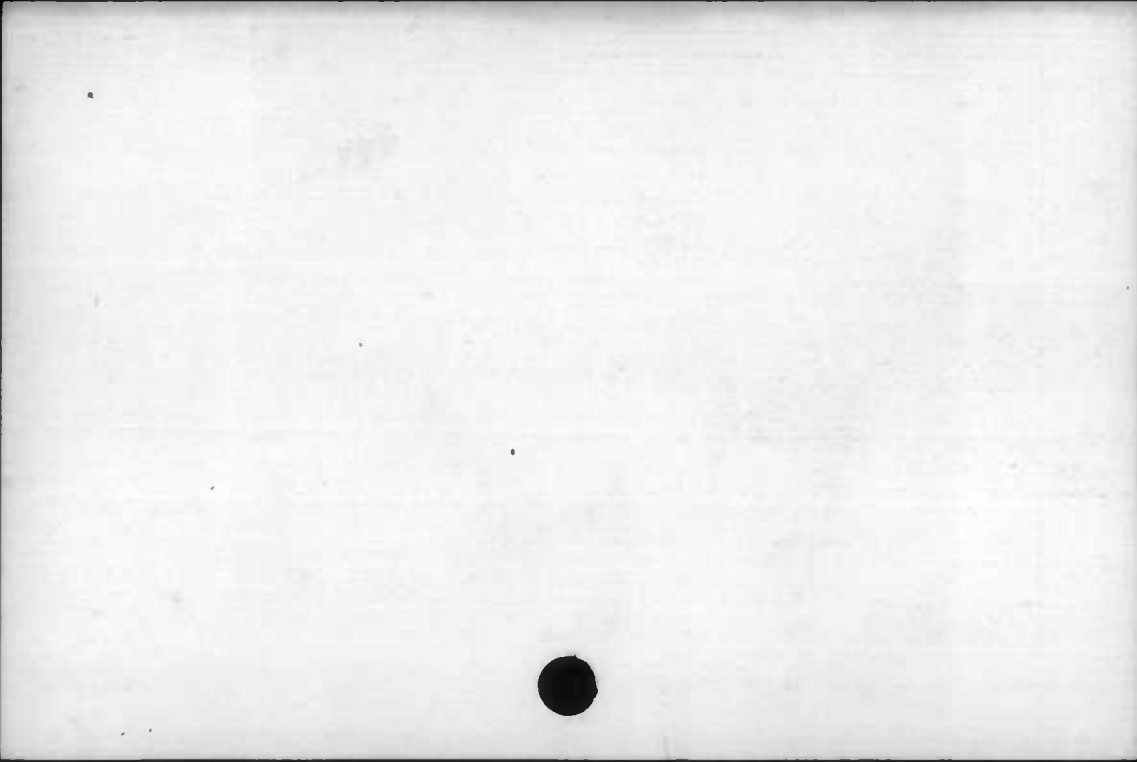
Address *Fredrick Md*

~~Accident or Suicide~~





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Catoctin Furnace</u>		County <u>Frederick</u>		MARYLAND
	Date of death <u>1909 Aug</u>	Month <u>5</u>	Day <u>5</u>	Years <u>2</u>	
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Catoctin Furnace</u>	
	Occupation <u></u>		Where Residing if not at place of death <u>at place of death</u>		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>			
	Father's Name <u>George S. Domer</u>		Father's Birthplace <u>Freagerstown Dist</u>		
	Mother's Maiden Name <u>Greene E. Weddle</u>		Mother's Birthplace <u>Catoctin Furnace</u>		
	Name of person giving information <u></u>		How related to deceased <u></u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Menigitis</u>		How long	<u>Two days</u>
	Immediate	<u>collapse</u>		How long	<u></u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. D. S. Young</u>		
			Address <u>Freagerstown</u>		
			<u>Frederick Co</u>		
Accident or Suicide? <u></u>					



Name  
in  
Full

## CERTIFICATE OF DEATH

Charles Dorsey

County

MARYLAND

Died at Mountview Hotel

Fredericks

Date

Month

Day

Years

Months

Days

of death 1909

8

16

Age

56

Sex

Male

Color or  
Race

Black

Birth-  
place

Fredericks

Occupation

Laborer

Where Residing if not  
at place of death

Fredericks

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Ann E. Mitchell

Father's  
Name

Greenberry Dorsey

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
Information

Mr. E. Lee

How related  
to deceased

Friend

## CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

(7)

Immediate

Edema General

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

M. H. H. H. H.

Address

Fredericks MS

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Aug 18 - 1909

" at Greenwood Cemetery

Thomas P. Rice Jr & Co

Dr H. P. Fahrney

Dr. Goodell.

Dr M. Gurdy.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Petrville</i>		Town		<i>Fredrich</i>		County		MARYLAND					
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>13</i>		Age <i>—</i>		Years		Months		Days <i>8</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Petersville</i>									
Occupation <i>none</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband											
Father's Name <i>Russel Johnson</i>		Father's Birthplace <i>Ind</i>											
Mother's Maiden Name <i>Rosie Hummard</i>		Mother's Birthplace <i>Va</i>											
Name of person giving Information <i>George Hummard</i>		How related to deceased <i>Uncle</i>											

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>48 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sam'l Clapp</i>	
		Address <i>Petrville</i>	
Accident or Suicide			



Name  
in  
Full

Edna. P. E. Engle.

## CERTIFICATE OF DEATH

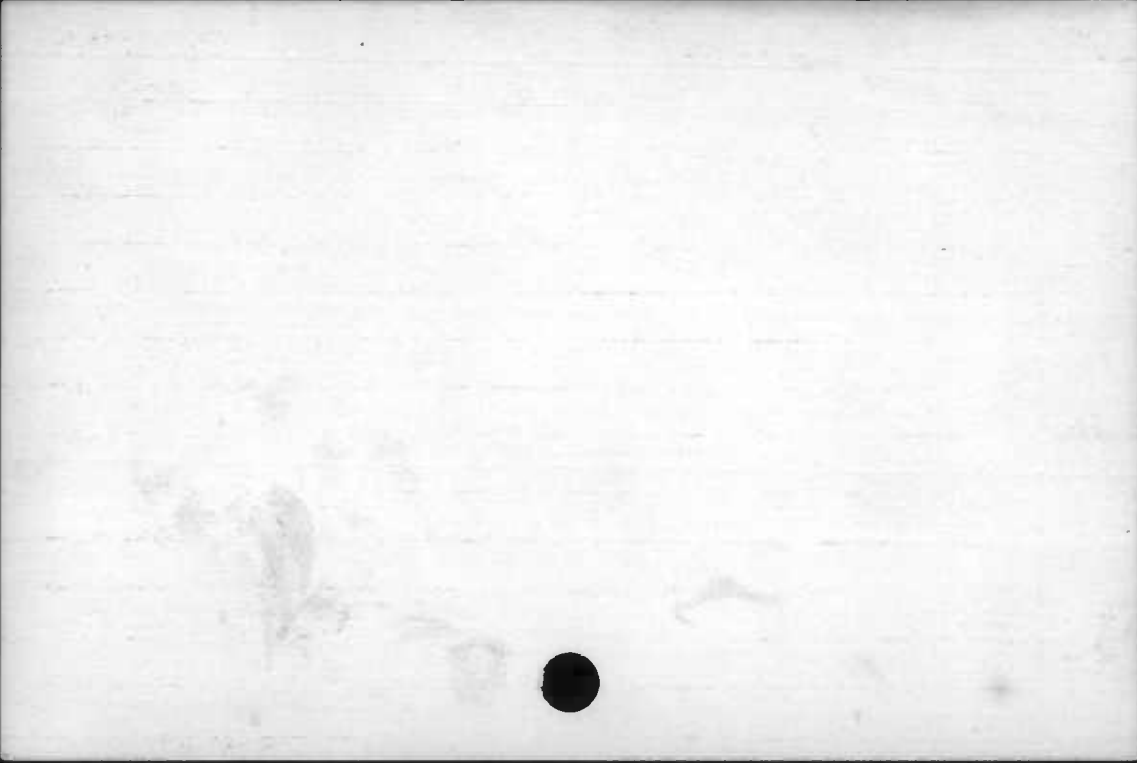
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Aug.			12	—	3	21	
Sex	Female		Color or Race	White		Birth-place	Catoctin Furnace
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Howard Engle		Father's Birthplace				
Mother's Maiden Name	Bertha Martin		Mother's Birthplace				
Name of person giving information	Howard Engle		How related to deceased				
		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis and convulsions		How long	3 days
Immediate	General Asthenia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. D. S. Young
			Address	Breagertown Frederick Co.,
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Libertytown* *Frederick* County

Date

of death

1909

Month

8

Day

3

Age

Years

1

Months

8

Days

21

Sex

*Female*Color or  
Race*white*Birth-  
place*Libertytown*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Claude R. Etyler*Father's  
Birthplace*Libertytown*Mother's  
Maiden Name*Edna Grace Rippeon*Mother's  
Birthplace*Libertytown*Name of person giving  
Information*Claude R. Etyler*How related  
to deceased*Father*

## CAUSES OF DEATH

105

Primary

*Cholera Infantum*

How long

*4 days*

Immediate

*Pneumonia*

How long

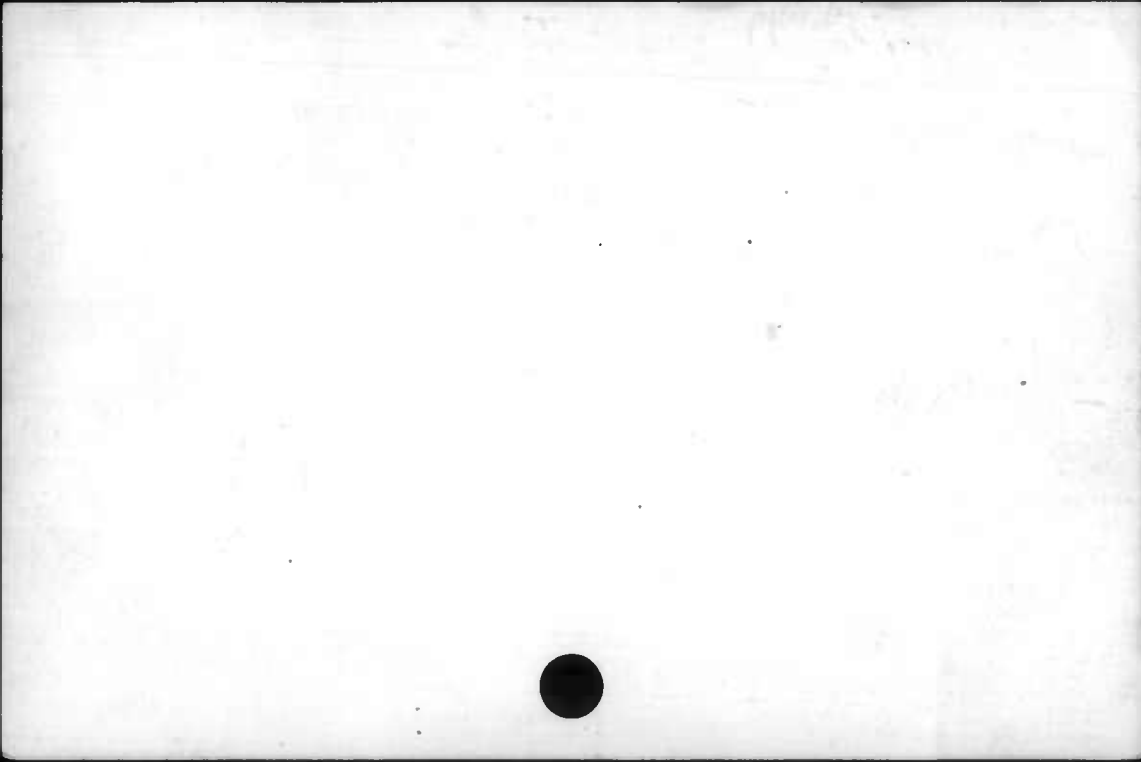
*8 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Dr. H. Beall,  
Libertytown,  
Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wackerville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>aug.</i>	Day <i>20</i>	Years <i>1</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<del>Married</del> , Single <del>or Widowed</del>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. Eyles</i>			Father's Birthplace <i>Fredrick Co.</i>		
Mother's Maiden Name <i>Ellen Eyles</i>			Mother's Birthplace <i>Fredrick Co.</i>		
Name of person giving information <i>Geo. Eyles</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro-enteritis</i>	<b>105</b> <i>Y</i> How long <i>5 days</i>
Immediate <i>Anthrax</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. J. Long</i>
	Address <i>Wackerville Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Martha Adeline Fisher

## CERTIFICATE OF DEATH

Died at

Motters. C. O.

County

Frederick

MARYLAND

Date

of death

1909

Month

Aug

Day

9th

Age

Years

5-1-

Months

0

Days

23

Sex

Female

Color or  
Race

White

Birth-  
place

Fruit. Co. Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Issac M. Fisher

Father's  
Name

John. Donnan

Father's  
Birthplace

Fruit. Co. Md

Mother's  
Maiden Name

Ann B. Eyster

Mother's  
Birthplace

" " "

Name of person giving  
Information

J. M. Fisher

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Arterio sclerosis  
& Nephritis & Hemiplegia

How long

6 years

Immediate

Uremia, Convulsions and Coma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

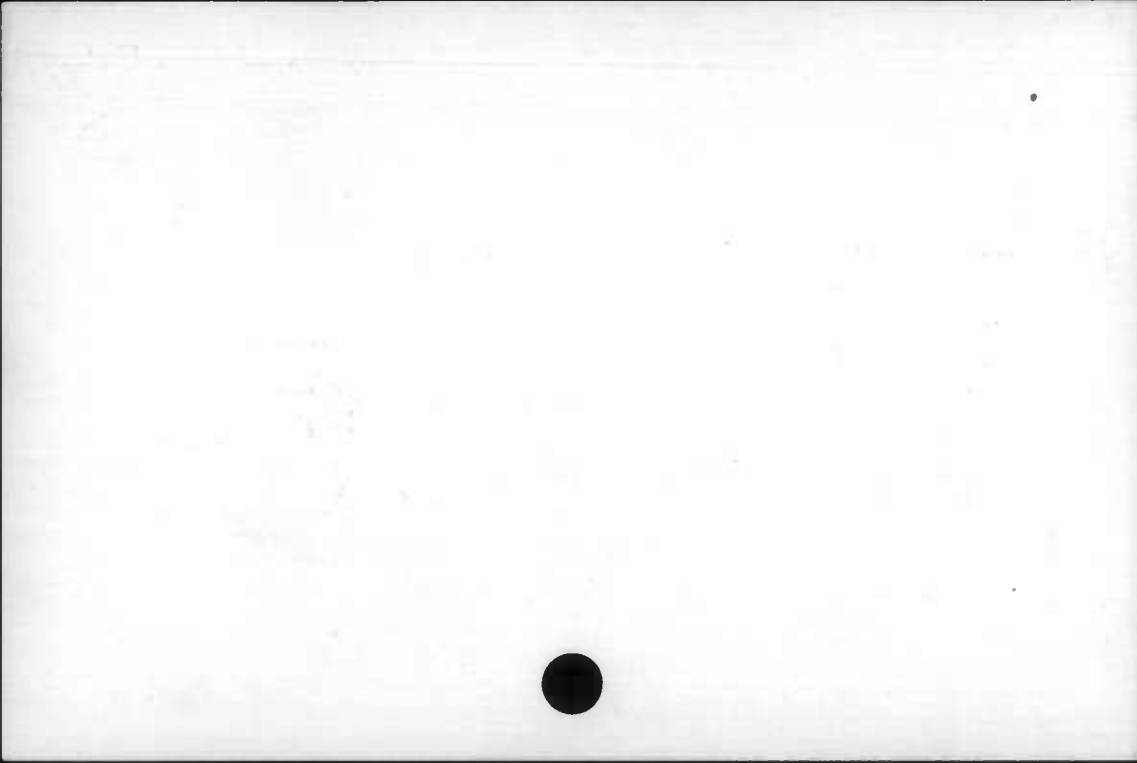
D. C. K. Haver,

Address

Thurmont, Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Herbert A. Forbringer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i> <sup>Town</sup>		<i>Good</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	<i>8</i>	<i>20</i>	Age	<i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	Birth-place
Occupation	<i>_____</i>		Where Residing if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>_____</i>	
Father's Name	<i>Charles Forbringer</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Kate Gally</i>			Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Mrs. Forbringer</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mania</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. M. Goodman M.D.</i>	
<i>_____</i>		Address	
<i>_____</i>		<i>Fredericks Md.</i>	
Accident or Suicide?			

Interment Aug 21 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

Dr Goodman

Dr McCurdy.



Name  
in  
Full

Grace E. Geyton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <sup>Town</sup>		<i>Fred.</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup>	<i>Aug.</i> <sup>Day</sup>	<i>30</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>26</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Burkittsville</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Infant</i>	Name of Wife or Husband <i>0</i>			
Father's Name	<i>William Geyton</i>			Father's Birthplace	<i>Burkittsville</i>
Mother's Maiden Name	<i>Minnie Bowles</i>			Mother's Birthplace	
Name of person giving Information	<i>William Geyton</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Dis Colitis</i>	How long	<i>2 days</i>
Immediate	<i>Heart failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Geo. J. F. J. M.</i>	
		Address	
		<i>Burkittsville</i>	
		<i>MD</i>	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Mrs. Sarah Catherine Groff

MARYLAND

Died at <sup>Town</sup> Middletown

<sup>County</sup> Frederick

Date of death 1909 Aug. 26

Day

Age 59

Years

Months

Days 23

Sex Female

Color or Race White

Birth-place Middletown Md.

Occupation Housewife

Where Residing if not at place of death

~~Married, Single~~  
~~or Widowed~~

Name of Wife or Husband David Groff.

Father's Name J. Randolph Shafer

Father's Birthplace Middletown Md

Mother's Maiden Name Catherine Shafer

Mother's Birthplace "

Name of parson giving Information Mrs Eddie Shafer

How related to deceased Daughter-in-law

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long 40 yrs.

Immediate

Cardiac Asthenia

How long (Indeterminate)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edu L. Bowler M.D.

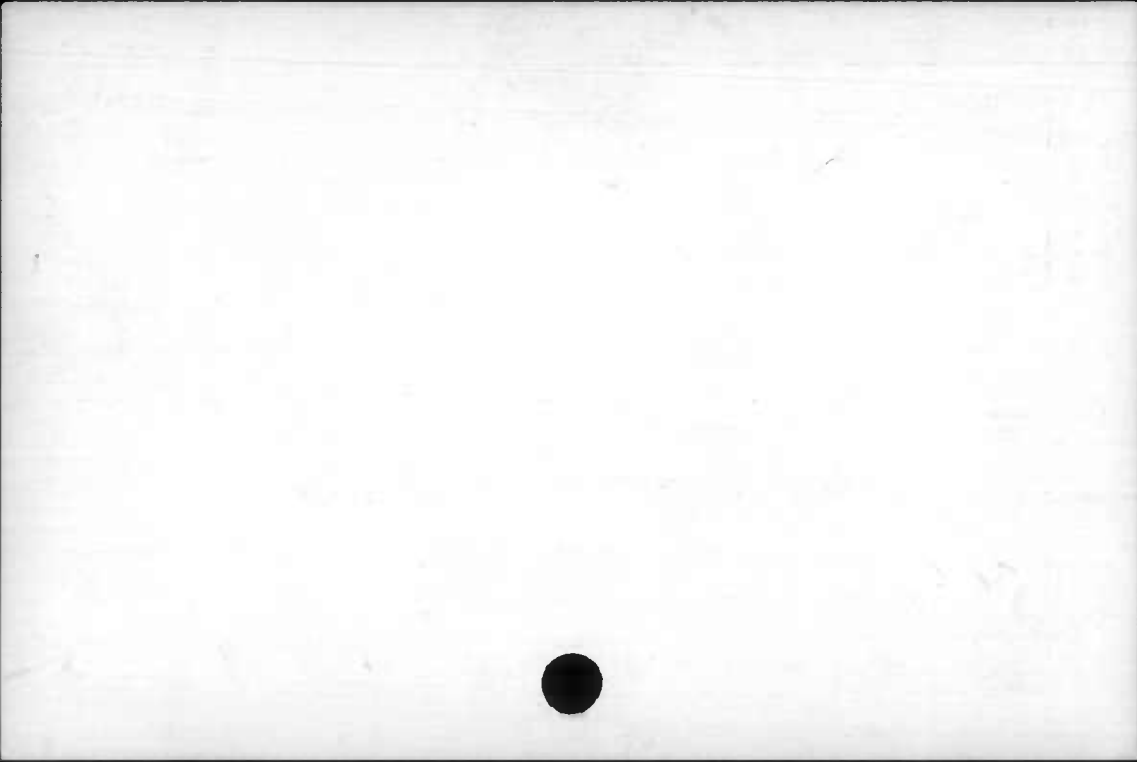
Address

Middletown Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles W Grubb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	9	—	—	4	27
Sex	Male	Color or Race	White	Birth-place	Pa		
Occupation	Shoemaker	Where Residing if not at place of death		X			
Married, Single or Widowed	Chwed	Name of Wife or Husband		Chwed			
Father's Name	C. W Grubb			Father's Birthplace	Va		
Mother's Maiden Name	Minnie Lee			Mother's Birthplace	Ind		
Name of person giving Information	C. W Grubb			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition	How long	179
Immediate	Exhaustion	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. A. Long
Accident or Suicida	—	Address	Grubb Md

Interment Aug 10 - 09

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

Name  
in  
Full

*William Hagan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

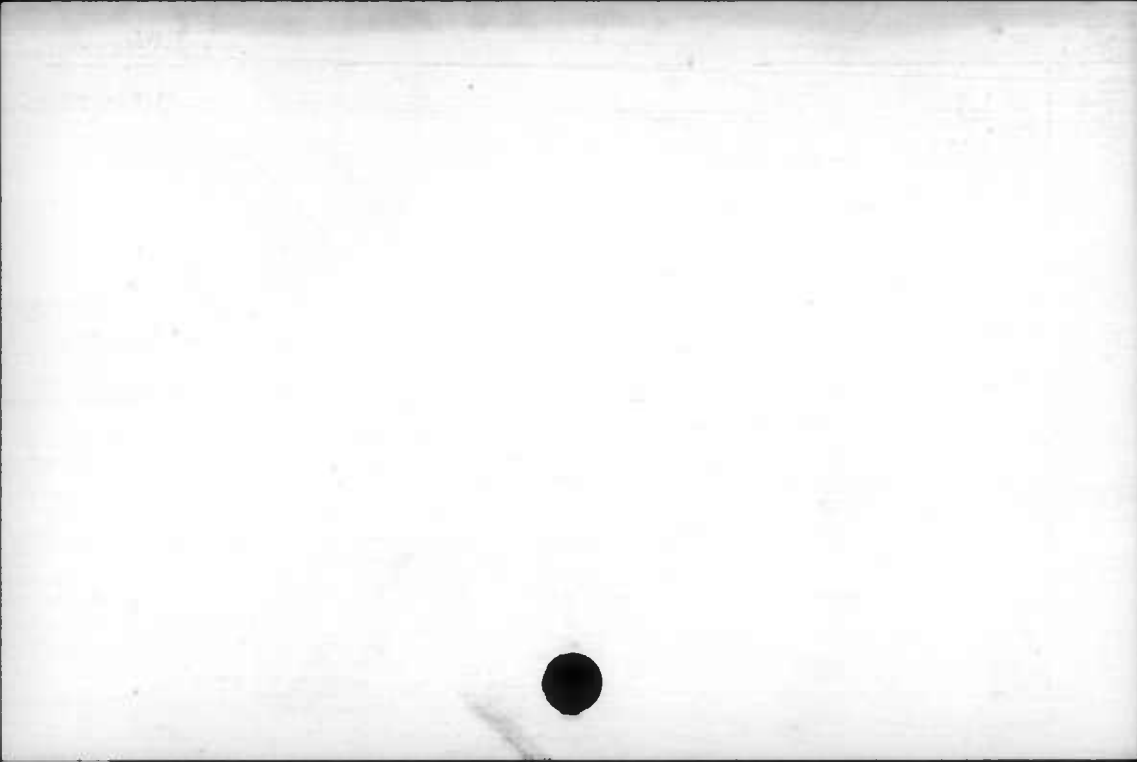
Died at <i>near Urbana</i>		County <i>Indriest</i>		MARYLAND	
Date of death	Month <i>August</i>	Day <i>8</i>	Years <i>83</i>	Months <i>6</i>	Days <i>20</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>farmer</i>			Where Residing if not at place of death <i>near Urbana</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Will Hagan</i>	Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>not known</i>	How related to deceased <i>son</i>		Name of person giving Information <i>son</i>		

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>Six mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. Perry</i>
	Address <i>Araby Ind.</i>
Accident or Suicide	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

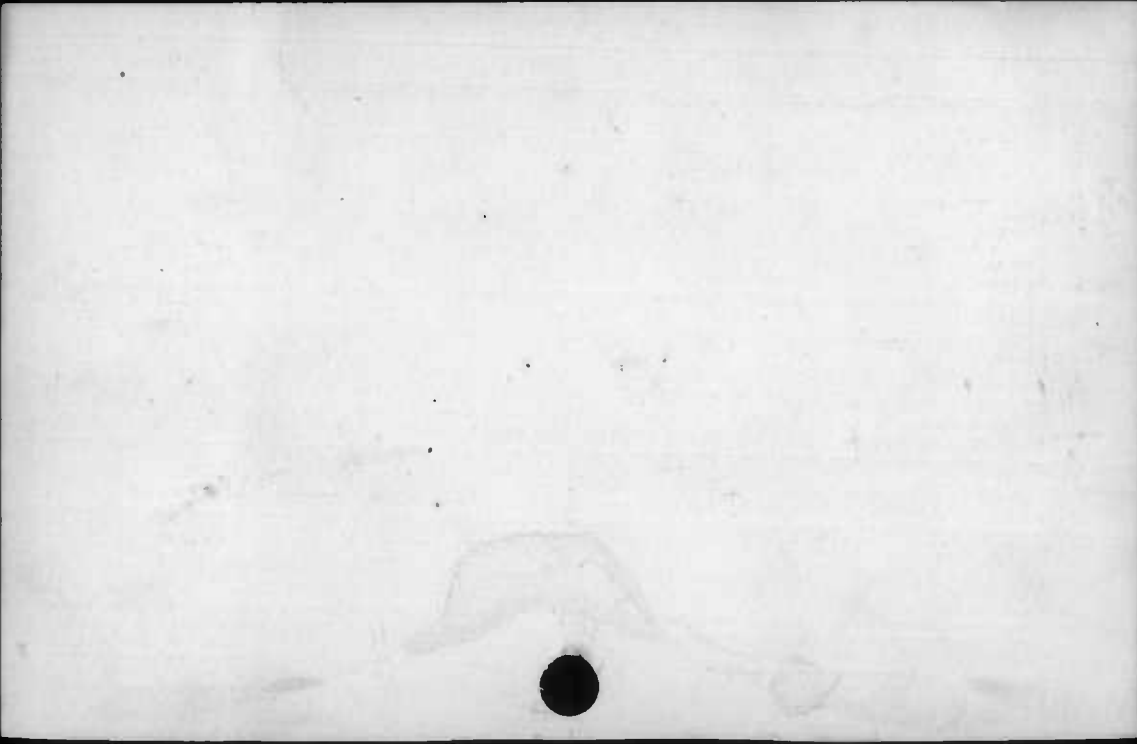
Died at <i>Point of Rocks</i>		Town <i>Point of Rocks</i>		County <i>Frederick</i>		MARYLAND							
Date of death <i>1909</i>		Month <i>8</i>		Day <i>6</i>		Age <i>67</i>		Years <i>1</i>		Months <i>21</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>									
Occupation <i>Spinster</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>William Hoffner</i>									
Father's Name <i>Don't know</i>				Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>Unknown</i>									
Name of person giving information <i>William Hoffner</i>				How related to deceased <i>Husband</i>									

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>Seven months</i>	
Immediate <i>Heart Failure</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Matkin Traonell</i>	
		Address <i>Point of Rocks Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Robert Huffer*

Died at *Broad Run* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death *1909 Aug 25* Age *2* Months *9* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry E Huffer* Father's Birthplace *Ind*

Mother's Maiden Name *Mary E Huffer* Mother's Birthplace *Ind*

Name of person giving Information *Mary E Huffer* How related to deceased *Brother*

CAUSES OF DEATH

**28**

PHYSICIAN  
OR CORONER

Primary *Cervical Adenitis* How long *One month*

Immediate *Meningitis (Tubercular)* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *E. L. Bowler M.D.*

Address *Middletown Md.*

Accident or Suicide *—*



Name  
in  
Full

Sadie Elvretta Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Buckeytown <sup>Town</sup> Fred <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> Aug <sup>Day</sup> 24 Age 23 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race Negro Birth-place Ind.

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband John Johnson

Father's Name S. Whalen Father's Birthplace Ind.

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information John Johnson How related to deceased Husband

## CAUSES OF DEATH

Primary Typhoid Fever How long 12 days

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

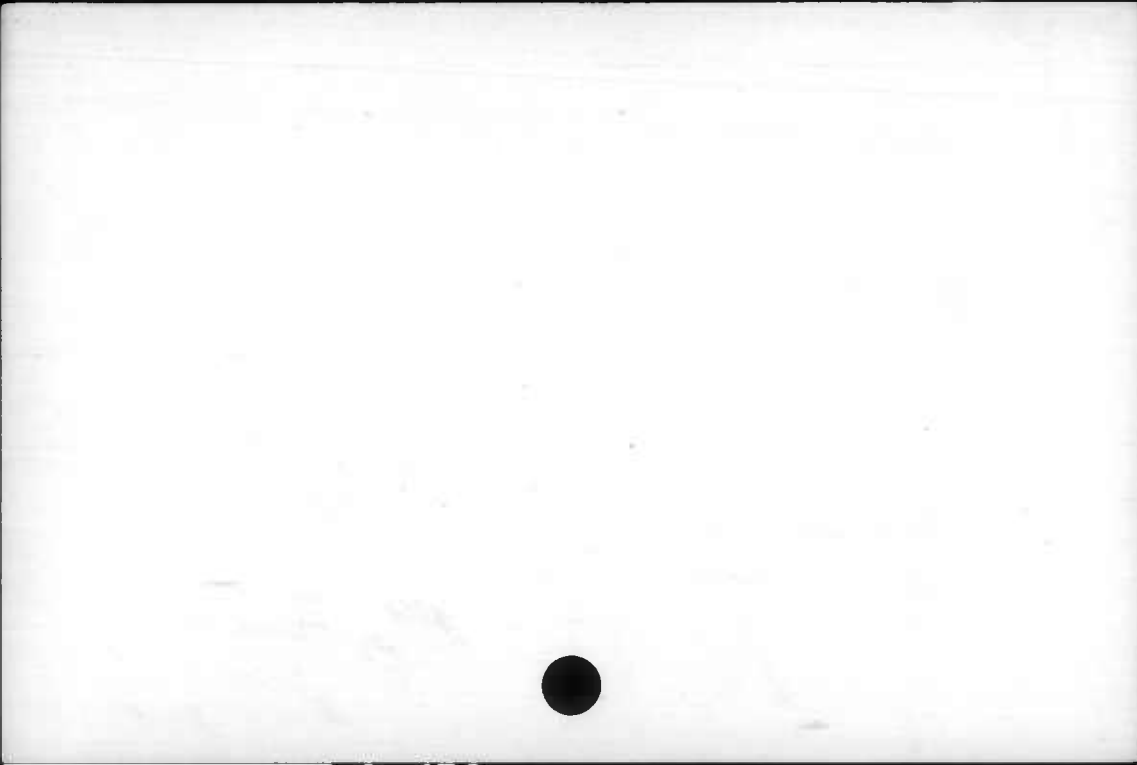
Yes

Signature of Physician

Address

T. Clyde Rountree  
Buckeytown

Accident or Suicide —PHYSICIAN  
OR CORONER



Name  
in  
Full

Vida L. Jones

## CERTIFICATE OF DEATH

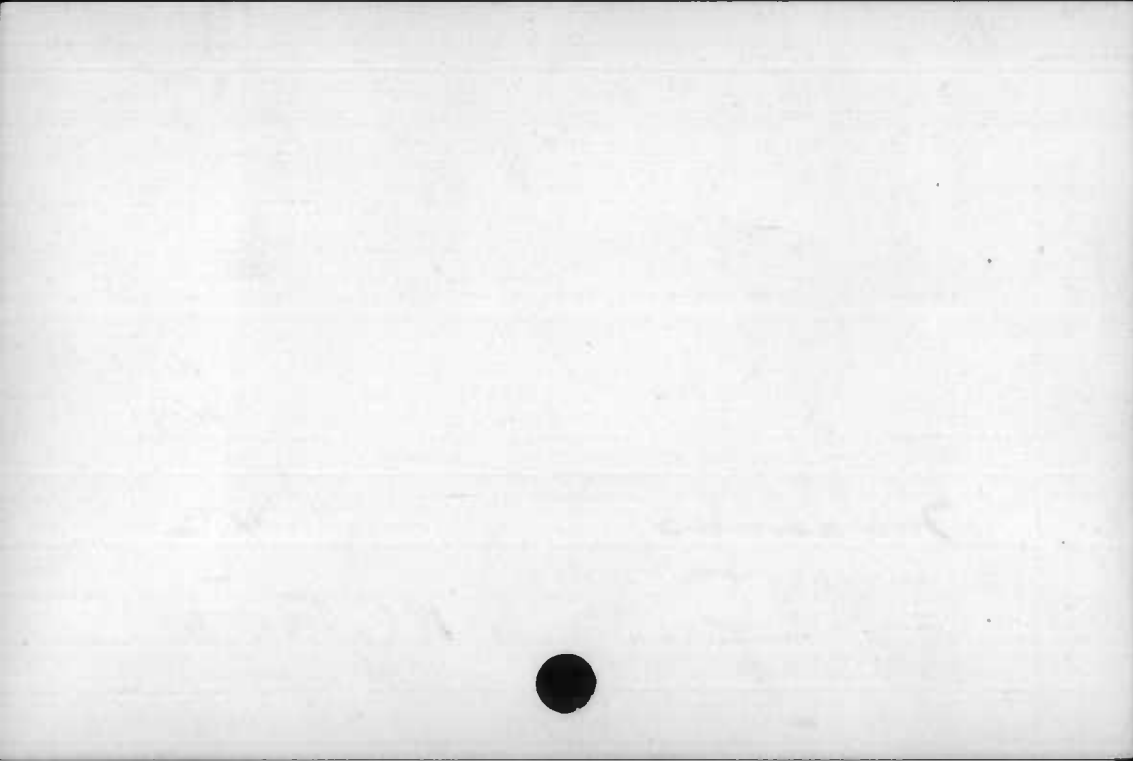
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bartholomew</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909 Aug</i>	Month	Day <i>27</i>	Years	Months <i>10</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Spencer Jones</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Emma L. Watkins</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Spencer Jones</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>4 hrs</i>
Immediate <i>inaction &amp; dehydration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. G. Fouts M.D.</i>
	Address <i>Keimtown Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	17	48			
Sex	Male		Color or Race	White		Birth-place	<i>Wet</i>
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Annie Crouse</i>			
Father's Name	<i>Jackson King</i>				Father's Birthplace	<i>Frederick Co</i>	
Mother's Maiden Name	<i>Sarah Bruskey</i>				Mother's Birthplace	<i>Frederick Co Md</i>	
Name of person giving Information	<i>Annie King</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac Degeneration</i>	How long	<i>about 3 years</i>
Immediate	<i>Alcohol - Intoxication</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Francis Smith M.D.</i>		
	Address <i>Noting, Brown Frederick, Maryland</i>		
Accident or Suicide			

Interment at Israel's Cemetery Aug 20 09  
Walthamville

C C Early  
Undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

Richard Lee

Town

County

MARYLAND

Died at Mount Vernon

Fredesick

Date

of death

1907

Month

Aug.

Day

30

Years

Age

45

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

MD

Occupation

None

Where Residing if not  
at place of death

Do

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Widow

Father's  
Name

II

Father's  
Birthplace

Widow

Mother's  
Maiden Name

II

Mother's  
Birthplace

II

Name of person giving  
Information

Nicholas Gassaway

How related  
to deceased

No relation

CAUSES OF DEATH

Primary

Chronic Nephritis { subsequent to Chronic mania

How long

120

Several yrs

Immediate

Exhaustion

How long

Days

Are the name, age, sex, color, date  
and place correctly given above?

As near

Signature of  
Physician

W. S. Bourne M.D.

Address

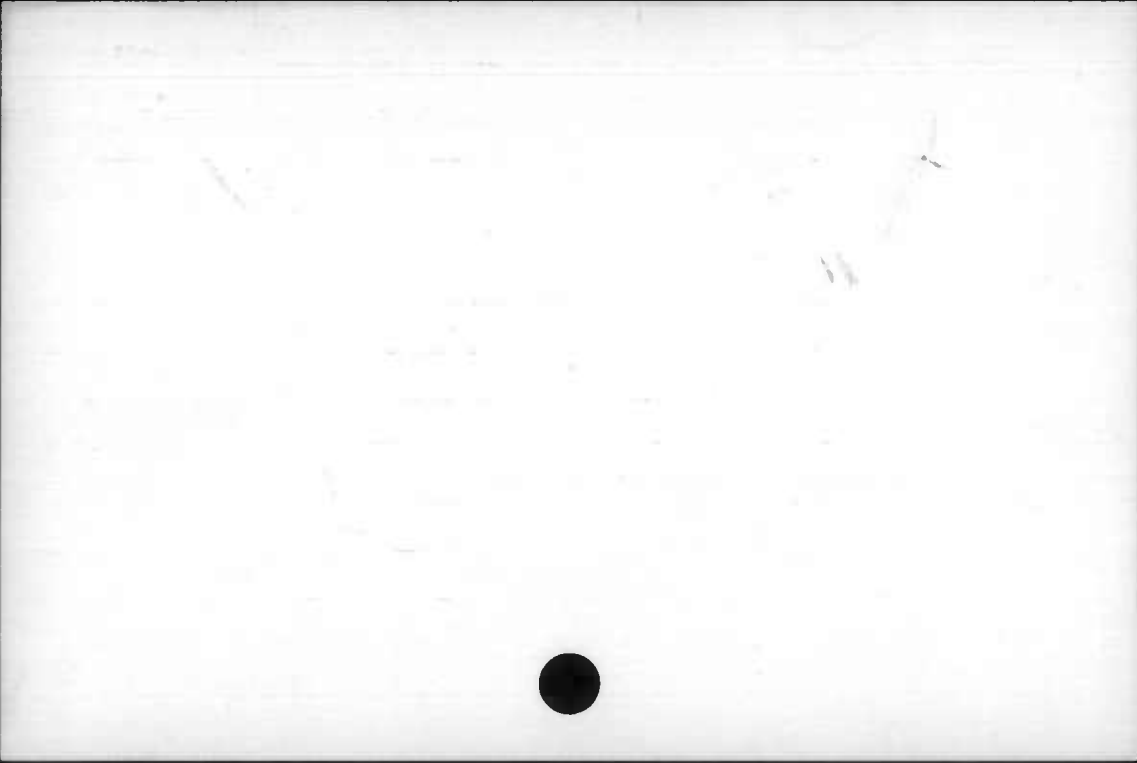
As could be ascertained

Fredesick, MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Christian Lerch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1909 Month 8 Day 9 Age 67 Years 6 Months — Days —

Sex Male Color or Race White Birth-place Germany

Occupation Night Watchman Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband Sophia Weinstadt

Father's Name Christian Lerch Father's Birthplace Germany

Mother's Maiden Name Katharina Mother's Birthplace Germany

Name of person giving Information Mr David Waters How related to deceased Daughter

## CAUSES OF DEATH

41

X

PHYSICIAN  
OR CORONER

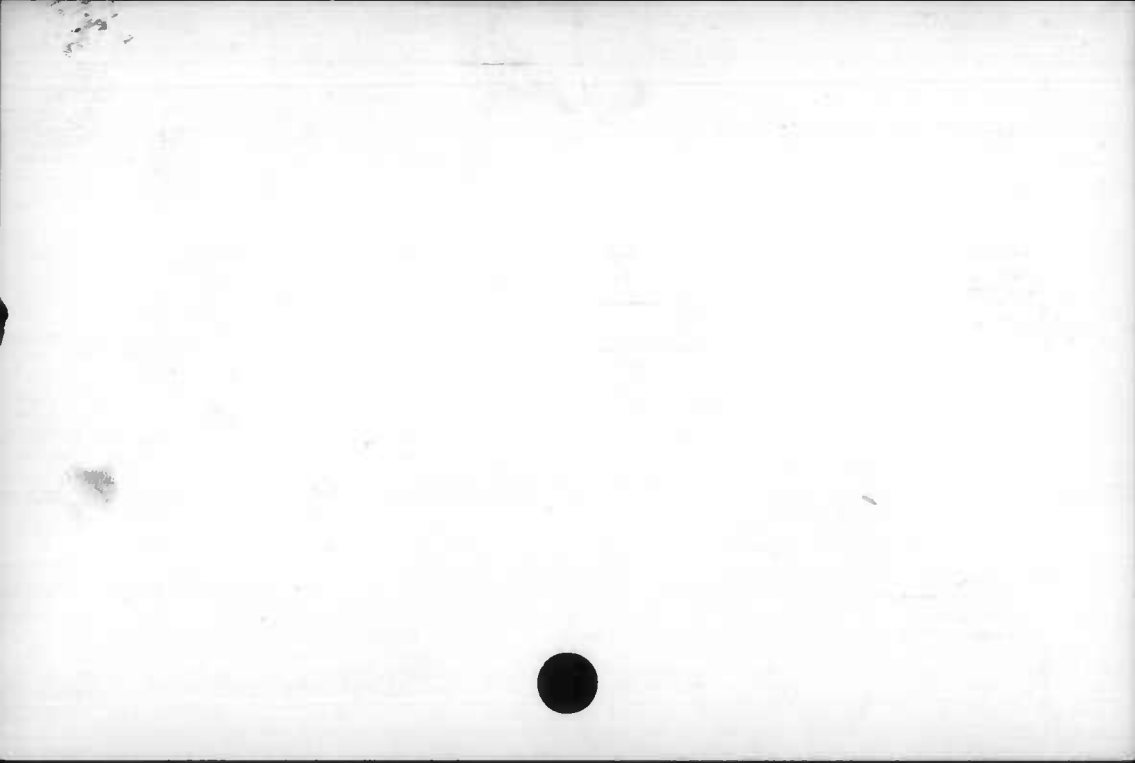
Primary Canceroma of Bowels How long 14 years

Immediate Exhaustion How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. F. Gordene MD

Address Frederick

Accident or Suicide No Md



Name  
in  
Full

E. Hel. May, Linton

CERTIFICATE OF DEATH

Diad at Garfield <sup>Town</sup> Frederick <sup>County</sup> MARYLAND  
 Date of death 1909 <sup>Month</sup> aug <sup>Day</sup> 27 <sup>Years</sup> Age 2 <sup>Months</sup> 6 <sup>Days</sup> 29  
 Sex Female Color or Race White Birth place Garfield  
 Occupation None Where Residing if not at place of death Garfield  
 Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Roy Linton Father's Birthplace Shopeed  
 Mother's Maiden Name Emma Swaph Mother's Birthplace Garfield  
 Name of person giving Information Roy Linton How related to deceased Father

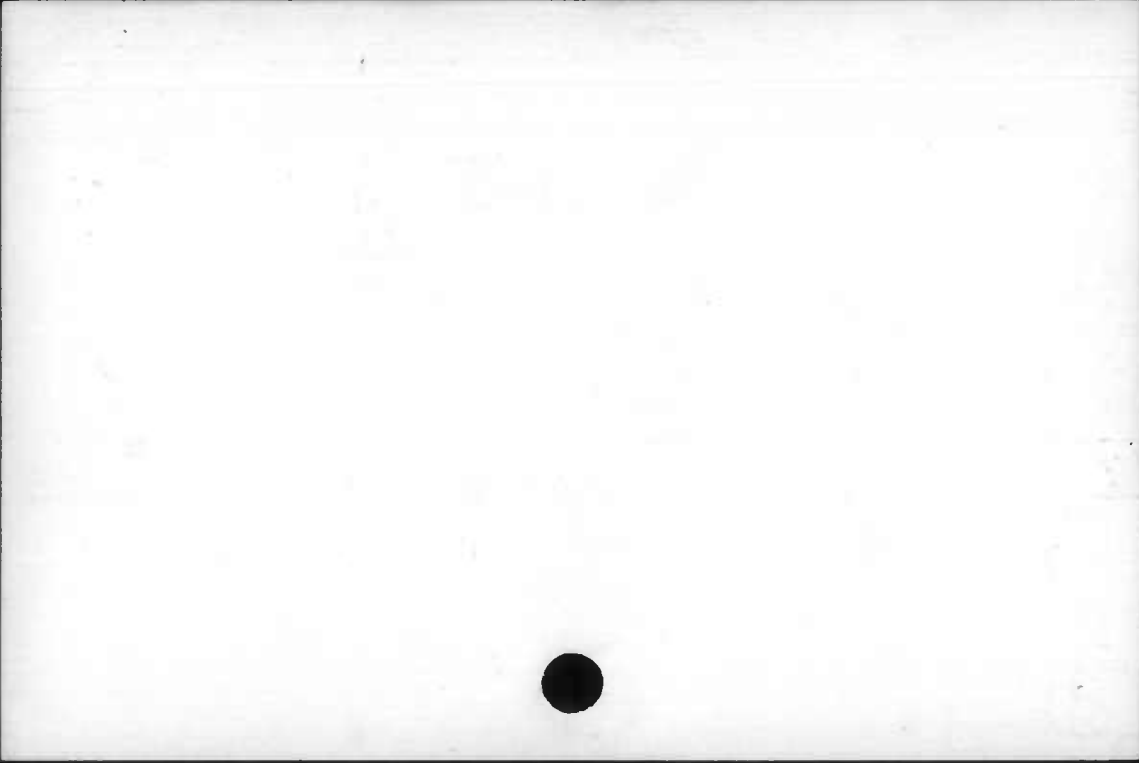
CAUSES OF DEATH

Primary Cholera infantum 105 X How long 4 days  
 Immediate Cholera infantum How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Dr. McKeaner  
 Address Smithsburg Maryland  
 Accident or Suicide None

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>John Lippy</i>		Town <i>Ladysburg</i>		County <i>Fred.</i>			
Died at <i>Ladysburg</i>							
Date of death <i>1909</i>		Month <i>8</i>		Day <i>28</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Fred Co. Md.</i>		Months <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at residence.</i>				Days <i>20</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Fogle</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Wife</i>		How related to deceased <i>Wife</i>					

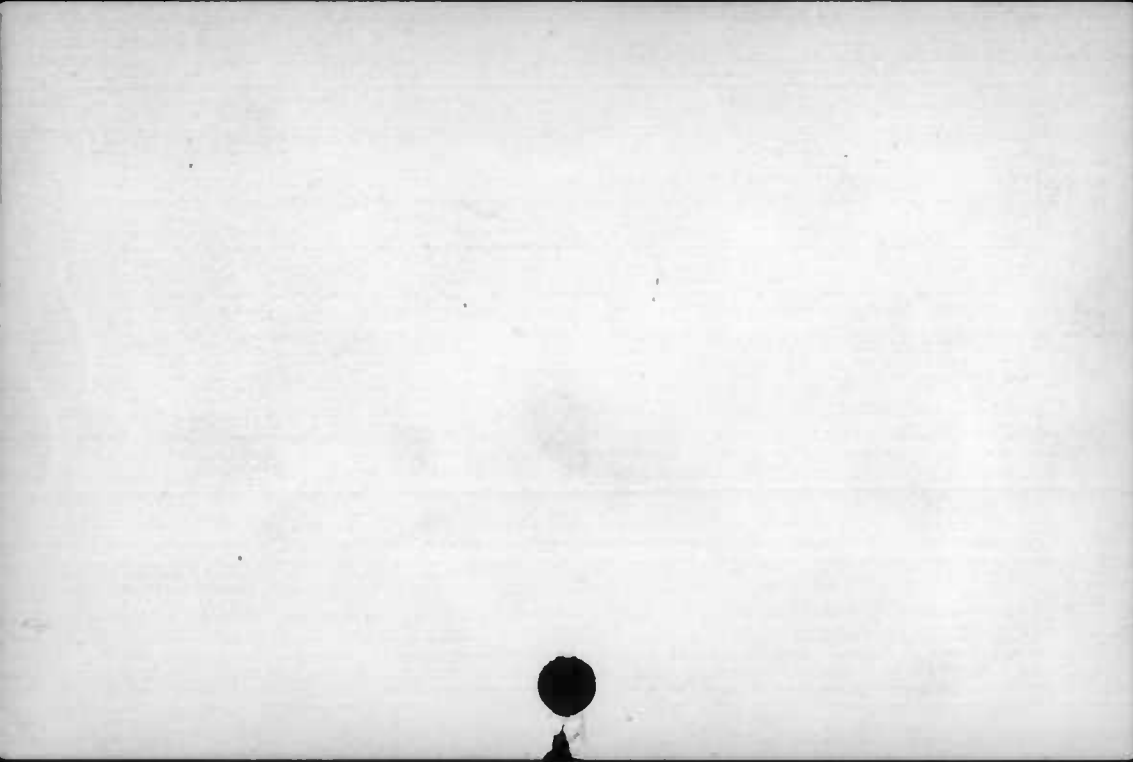
## CAUSES OF DEATH

64

X

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage.</i>	How long <i>4 da.</i>
Immediate <i>Syncope.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. H. Cable</i>
	Address <i>Woodsboro</i>
Accident or Suicide?	<i>Md.</i>



Name  
in  
Full

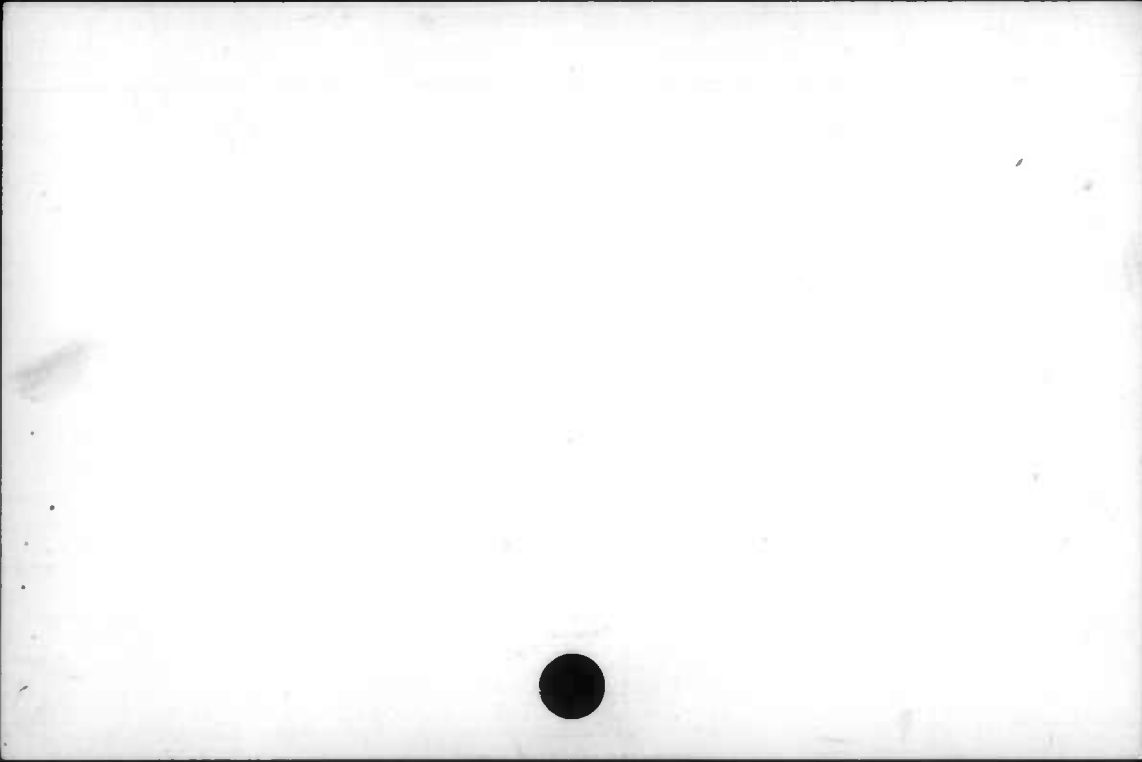
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full <i>Mrs. Maud Long</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Mt. Airy</i>		Month <i>August</i>		Day <i>First</i>		Years <i>31</i>	
Date of death <i>1909</i>		Month <i>August</i>		Day <i>First</i>		Years <i>31</i>	
Sex <i>Woman</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>Two</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>14</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Long</i>		Father's Name <i>John Ecker</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Margaret Pittenger</i>		Name of person giving Information <i>Jaest Ecker</i>		Mother's Birthplace <i>Md.</i>		How related to deceased <i>Cousin</i>	

## CAUSES OF DEATH

Primary <i>Phthisis</i>	How long <i>Five years.</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. J. Fearn</i>
	Address <i>Unionville Md.</i>
Accident or Suicide	



Name  
in  
FullBaby M<sup>c</sup> Bride, Jr. 18,

CERTIFICATE OF DEATH

Died at <sup>Town</sup> New Market <sup>County</sup> Frederick MARYLANDDate of death 1909 <sup>Month</sup> Aug <sup>Day</sup> 4 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race white Birth-place New Market, Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Nema of Wife or Husband

Father's Name Clarence A. M<sup>c</sup> Bride Father's Birthplace Maryland

Mother's Maiden Name Anna L. Wood Mother's Birthplace Maryland

Name of person giving Information Anna L. M<sup>c</sup> Bride How related to deceased mother

## CAUSES OF DEATH

Primary Still birth from Dystocia  How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

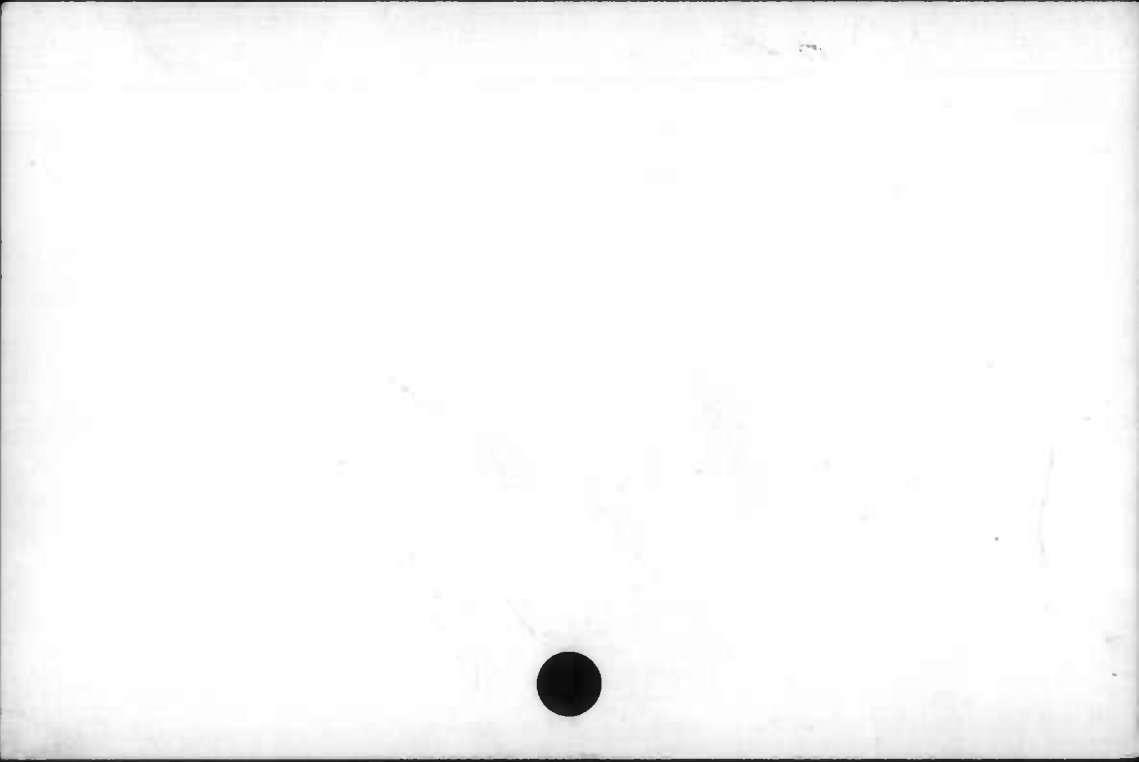
Address

J H Hopkins M.D.  
New Market  
Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Barbara Ann Maetz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1909	Month Aug	Day 17	Age 81	Years 8	Months 5
Sex Female		Color or Race White		Birthplace Frederick, Md.			
Occupation H.W.		Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Wife or Husband Francis Maetz					
Father's Name		Miller				Father's Birthplace Frederick Md.	
Mother's Maiden Name Ann Katharine Kolb						Mother's Birthplace Frederick Md.	
Name of person giving information Lillian Keefe						How related to deceased Daughter	

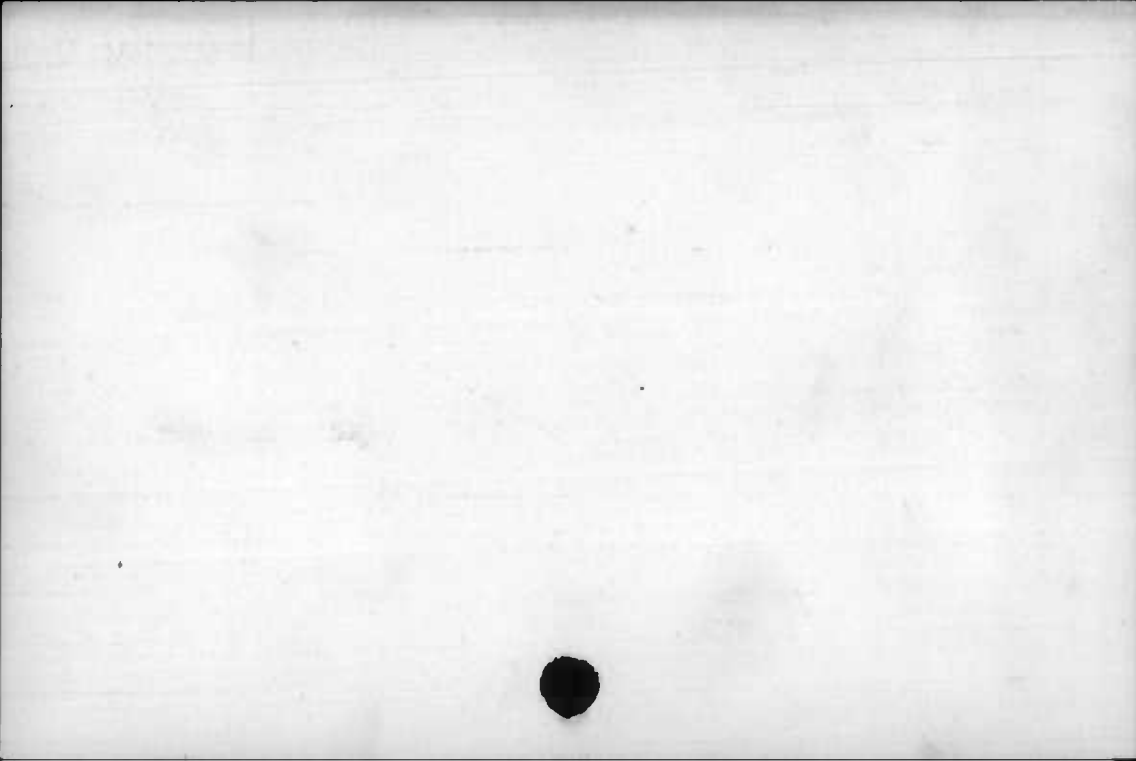
## CAUSES OF DEATH

64

X

PHYSICIAN  
OR CORONER

Primary	Apoplexy - Hemiplegia		How long	14 mos
Immediate	General Anemia		How long	Several mos
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. H. Keefe, M.D.		
Address		Frederick, Md.		
Accident or Suicide?				





Name  
in  
Full

Thomas Lee Minor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

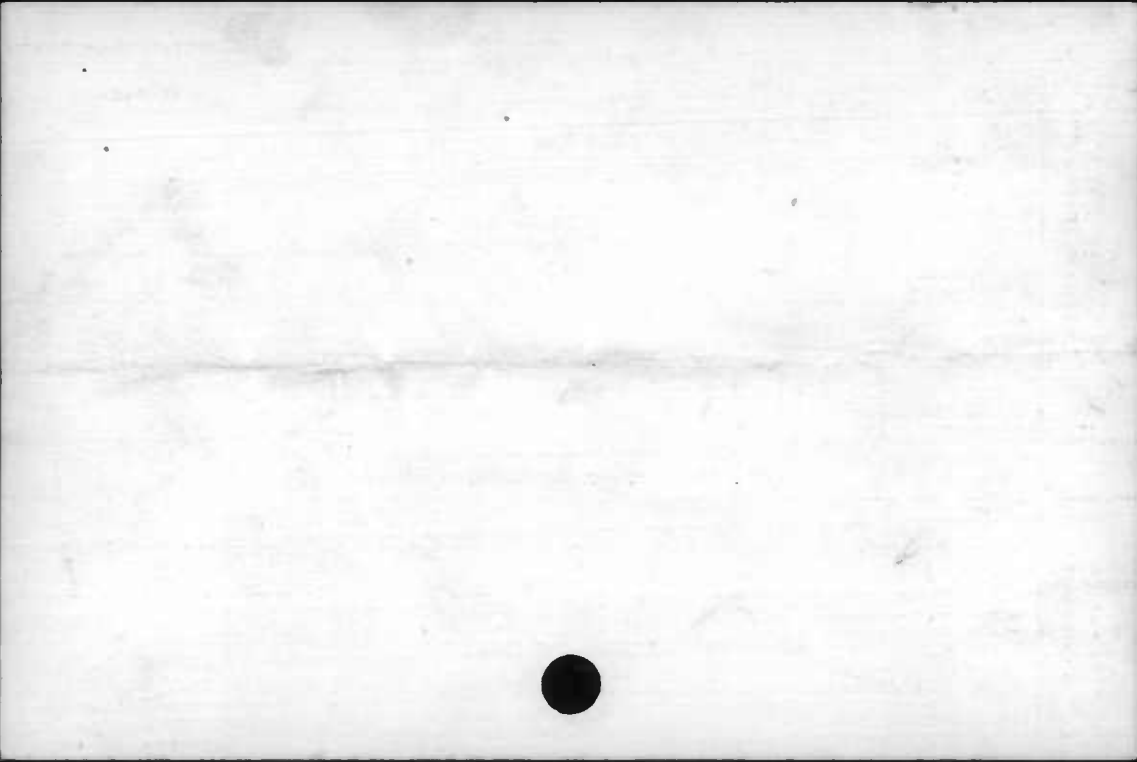
Died at <u>Knoxville</u>		Town		<u>Fredrick</u>		County		MARYLAND	
Date of death <u>1909</u>		Month <u>8</u>		Day <u>19</u>		Age		Years <u>2</u> Months <u>19</u> Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Knoxville</u>					
Occupation <u>none</u>		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name <u>Robert E. Minor</u>		Father's Birthplace <u>Na</u>							
Mother's Maiden Name <u>May E. Loy</u>		Mother's Birthplace <u>Na</u>							
Name of person giving Information <u>Robert E. Minor</u>		How related to deceased <u>Father</u>							

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Infantile Debility</u>	How long	<u>time out</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Samuel Claggett</u>
		Address	<u>Petersville</u>
Accident or Suicide			



Name  
in  
Full

Gaither Harris Moleworth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick <sup>Town</sup> Frederick <sup>County</sup> **MARYLAND**

Date of death 190 9 <sup>Month</sup> August <sup>Day</sup> 16<sup>th</sup> <sup>Years</sup> 2 <sup>Months</sup> 9 <sup>Days</sup>

Sex Male Color or Race White Birth-place Rock Med

Occupation none Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary

How long

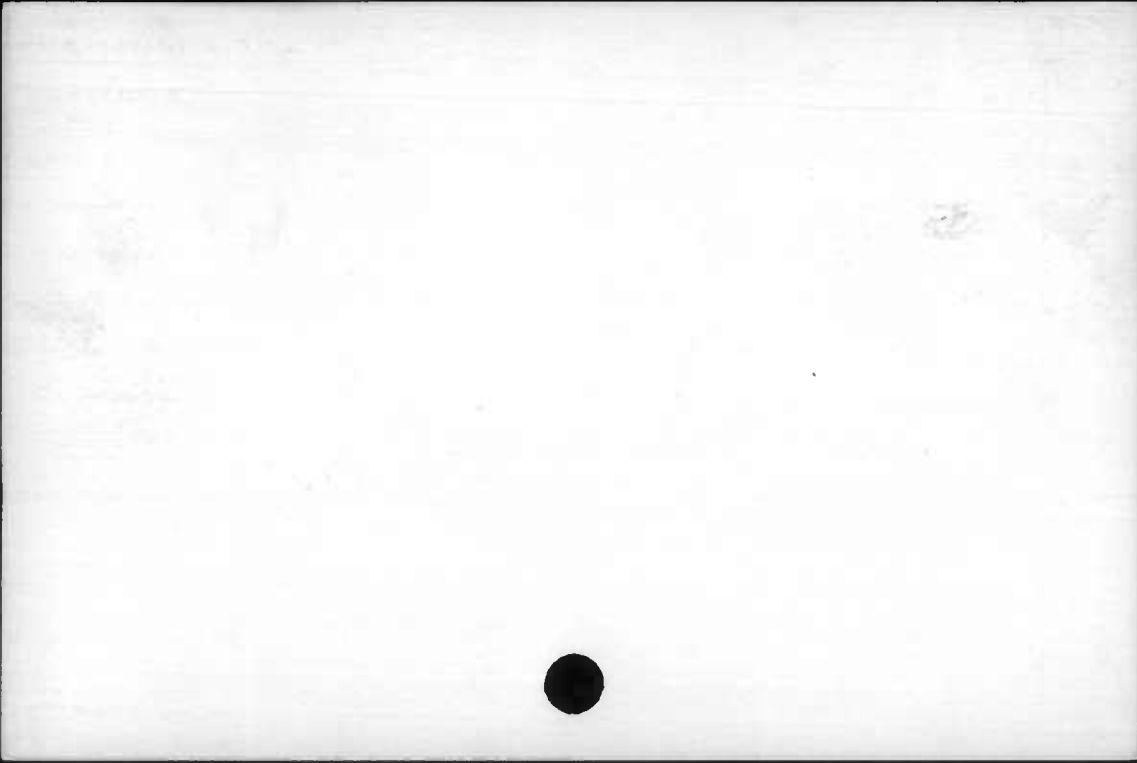
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

*Jorcas Nicholas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Freddie</i> <small>Town</small>		<i>Freddie</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>8</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>60</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>H. m</i>	Where Residing if not at place of death <i>X</i>				
<del>Married, Single or Widowed</del>	Name of <del>Wife or</del> <i>John Nicholas</i> <small>Husband</small>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Key</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Charles Nicholas</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

*(67)* *X*

PHYSICIAN  
OR CORONER

Primary <i>Paresis</i>	How long <i>1 mo</i>
Immediate <i>Epilepsy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M.A. Long</i>
	Address <i>Freddie Ind</i>
<del>Accident or Suicide?</del>	

Intermont Aug 28 - 09

" at Government Camp

Thomas P. Rice. F. D.

Dr Long

Name  
in  
Full

George Washington Nicholas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

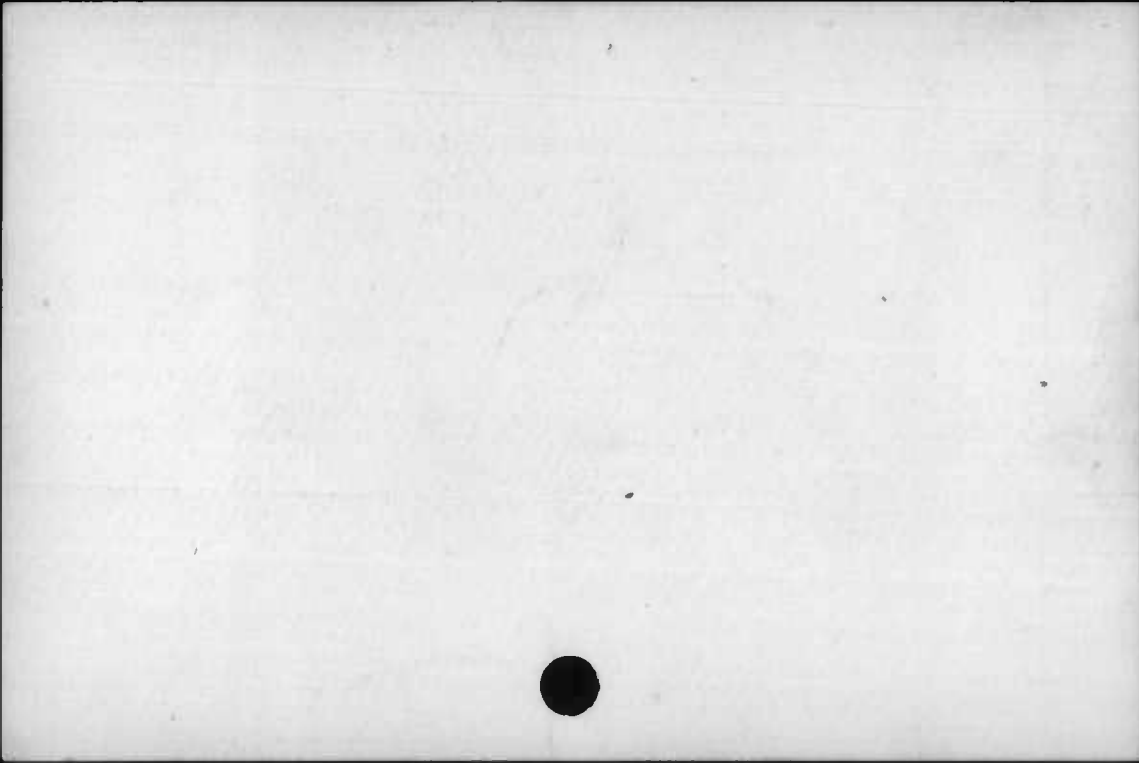
Died at <sup>Town</sup> <i>near Jefferson</i> <sup>County</sup> <i>Rock</i>		MARYLAND	
Date of death	<sup>Month</sup> <i>9</i> <sup>Day</sup> <i>8</i> <sup>Years</sup> <i>17</i>	Age	<i>72</i>
Sex	<i>Male</i>	Color or Race	<i>Negro</i>
Occupation	<i>Laborer</i>	Birth-place	<i>Va</i>
Where Residing if not at place of death		<i>Mountville</i>	
Married, Single or Widowed	Name of Wife or Husband <i>Caroline Nicholas</i>		
Father's Name	<i>Franklin Nicholas</i>		Father's Birthplace <i>—</i>
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace <i>—</i>
Name of person giving information	<i>Caleb Nicholas</i>		How related to deceased <i>Son</i>

## CAUSES OF DEATH

11/2

PHYSICIAN  
OR CORONER

Primary	<i>Enlargement and Hardening of Liver</i>	How long	<i>3 months +</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Smith</i>	
		Address <i>Jefferson Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Eleanor Eudore Norwood

No 19  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Market</i>		Town		<i>Fredrick</i>		County		MARYLAND			
Date of death 1909		Month 8		Day 25		Age No.		Months 7		Days No.	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Market</i>							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>Gilbert Norwood</i>				Father's Birthplace <i>Hyattstown</i>							
Mother's Maiden Name <i>Hattie Bell</i>				Mother's Birthplace <i>Barnesville</i>							
Name of person giving Information <i>Gilbert Norwood</i>				How related to deceased <i>Father</i>							

## CAUSES OF DEATH

Primary <i>Enteric - Colitis</i>	<i>105</i>	How long <i>4 weeks</i>
Immediate		How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*H. A. Hopkins M.D.*  
*New Market*  
*Me*

Accident or Suicide

*no*

11



Name  
in  
Full

Elizabeth O'Neil.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> Aug <sup>Years</sup> 25 Age 54 <sup>Months</sup> 9 <sup>Days</sup> 25

Sex Female Color or Race White Birth-place New Orleans La.

Occupation Sister Charity Religion Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Francis O'Neil Father's Birthplace La.

Mother's Maiden Name Ann Mulhall Mother's Birthplace La.

Name of person giving Information Dr. Bernadine Chendorf. How related to deceased none

## CAUSES OF DEATH

Primary Chronic Ulceration Bowels How long 12 years

Immediate Intoxication How long 3 months

Are the name, age, sex, color, data and place correctly given above?

Yes

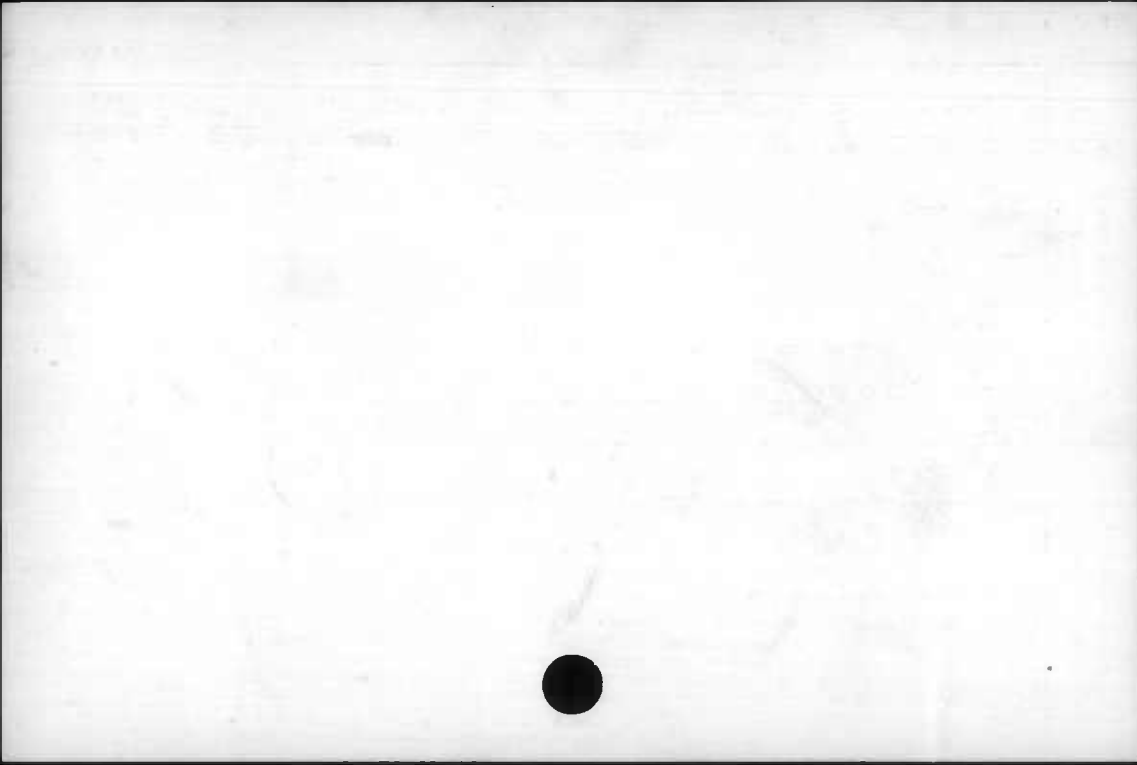
Signature of Physician

Address

John B. Branner, M.D.  
Emmitsburg  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
is  
Full

Emmu A. Page

## CERTIFICATE OF DEATH

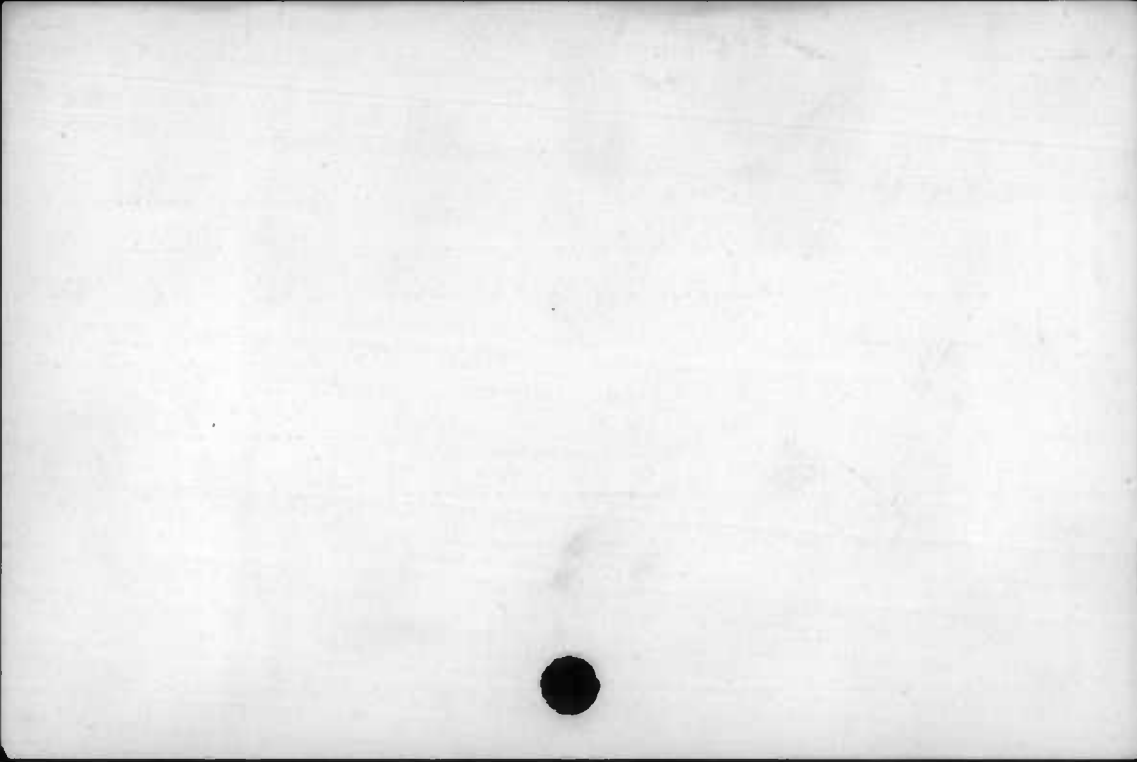
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edgewood</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND		
Date of death	<i>1909</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>53</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Edgewood</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Thomas Page</i>			
Father's Name	<i>John R. Hiltz</i>			Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Magdalena Hiltz</i>			Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Eugene Selby</i>			How related to deceased	<i>No</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Gastritis</i>	How long	<i>104</i> <i>X</i> <i>2 days</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D<sup>r</sup> J. E. Whitehill</i>
		Address	<i>New Windsor Md</i>
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

Esther Ann Peck

## CERTIFICATE OF DEATH

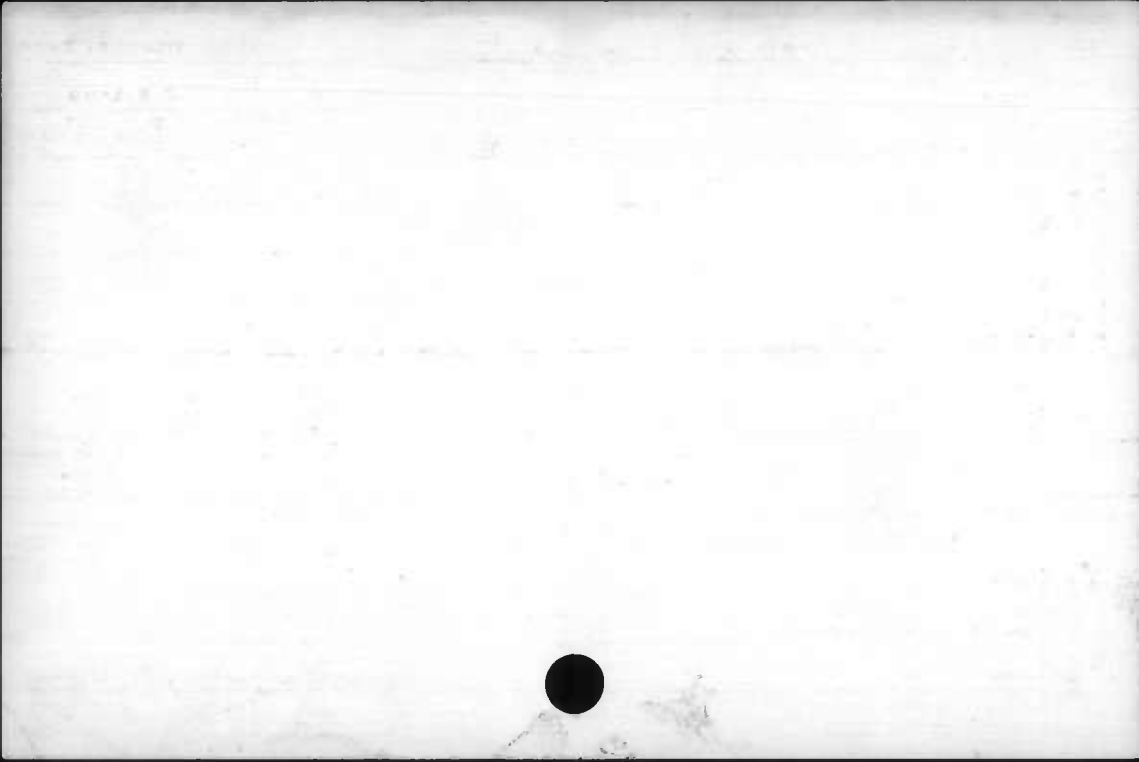
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Petersville</i>		County <i>Hutchinson</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>8</i>	Day <i>18</i>	Age <i>69</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anniston Pa</i>		
Occupation <i>Nurse</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rev Francis J Peck</i>			
Father's Name <i>Samil W. Amos</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Margaret Wilkerson</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving Information <i>Margaret Peck Hill</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Angina Pectoris</i>	<i>80</i> X	How long <i>two hours</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samil Claggett</i>	
		Address <i>Petersville</i>	
Accident or Suicide			





Name  
In  
Full

Thos. Maffee Plummer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Adamsbladen</u> <sup>Town</sup>		<u>Freel.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	8	Day	20
Age		Years	76	Months	8
Sex		male	Color or Race	white	Birth-place
Occupation		farmer		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband <u>Catherine Plummer</u>			
Father's Name		<u>Edw. Plummer</u>		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name		<u>Edw. Plummer</u>		Mother's Birthplace <u>Maryland</u>	
Name of person giving information		<u>Albert Stone</u>		How related to deceased <u>brother</u>	

## CAUSES OF DEATH

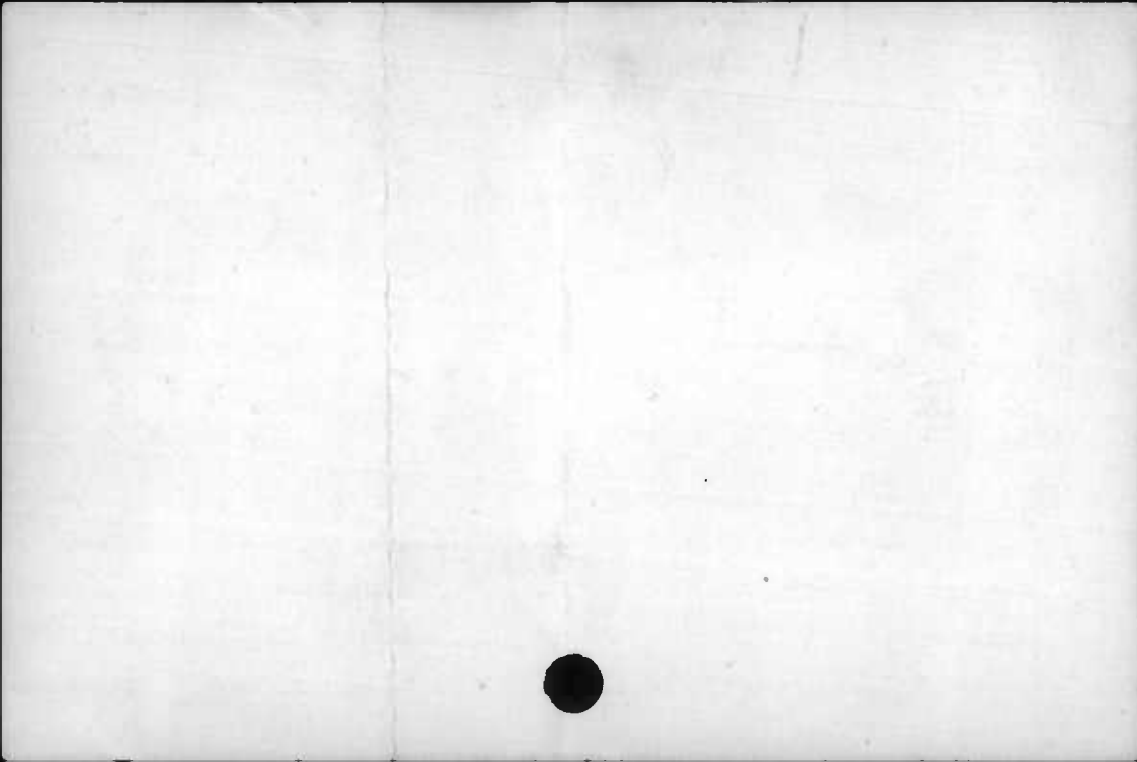
79 X

How long 2 yrs.

How long 3 weeks.

PHYSICIAN  
OR CORONER

Primary	<u>Mitral Stenosis</u>	How long	<u>2 yrs.</u>
Immediate	<u>Similarity</u>	How long	<u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>[Signature]</u>	
		Address <u>Adamsbladen</u>	
Accident or Suicide?		<u>lll</u>	



Name  
in  
Full

Laura Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

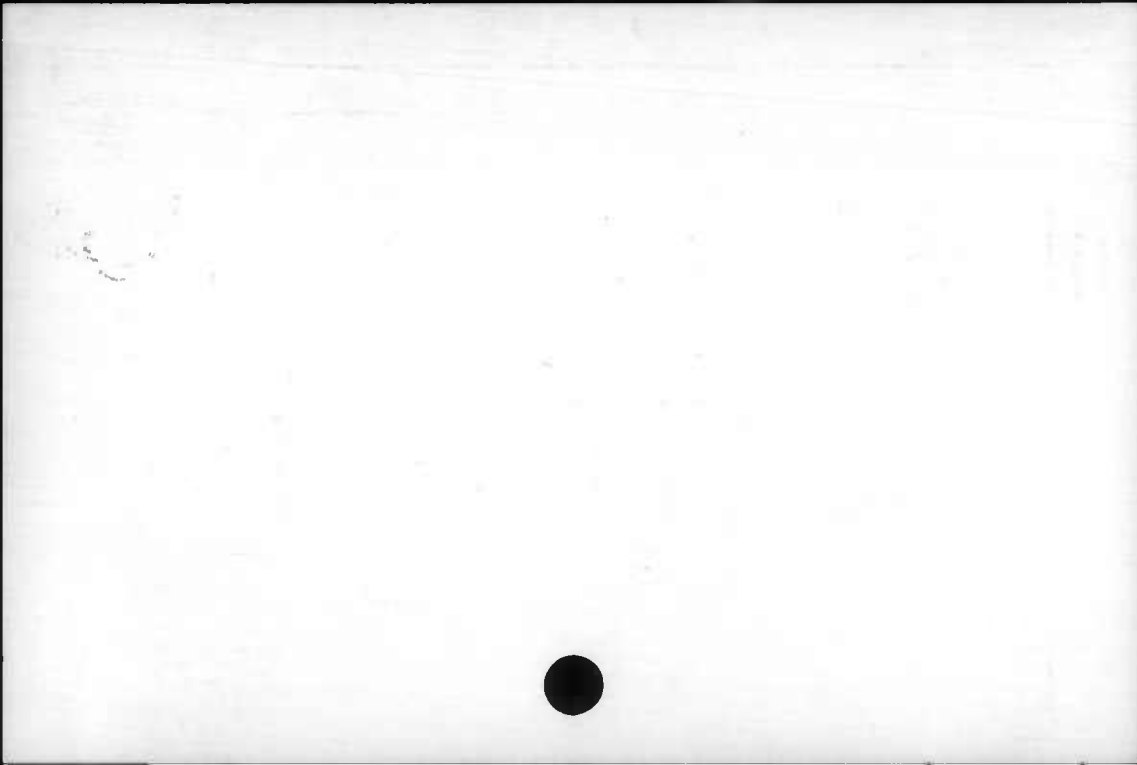
Died at <i>Mountain Hotel</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1909 Aug 27</i>		Age <i>35</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Nellie Riley</i>		How related to deceased <i>No relation</i>			

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Tuberculosis</i>	Subsequent to <i>Subacute Mania</i>	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>		How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Brown M.D.</i>	
<i>as near as could be ascertained</i>	Address <i>Fredrick, Md.</i>	
Accident or Suicide <i></i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph W. Richardson*  
Town *Emmitsburg* County *Frederick*  
Died at  
Date of death 190 *9* *Aug* *28* Age *1* Months *8* Days *—*  
Sex *Male* Color or Race *Black* Birth-place *Md*  
Occupation *Infant* Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband

Father's Name *William Richardson* Father's Birthplace *Md*  
Mother's Maiden Name *Marie Butler* Mother's Birthplace *"*  
Name of person giving Information *William Richardson* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Dysentery* How long *14* Days  
Immediate *4 Days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant, Roberson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i> <small>Town</small>		<i>Fredericks</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>22</i>	Age <i>0</i>	Months <i>0</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>~~~~~</i>		
Mother's Maiden Name <i>Alice Roberson</i>			Mother's Birthplace <i>Fredericks</i>		
Name of person giving information <i>Rachel Roberson</i>			How related to deceased <i>Grand Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Premature Birth*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*None in attendance*

*16 J. M. C. N. D.*

Accident or Suicide?

*~~~~~*

151

How long

How long

Interment Aug. 23- 09

" at Laboring Sons. Cem.

Thomas P. Rice F. D.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

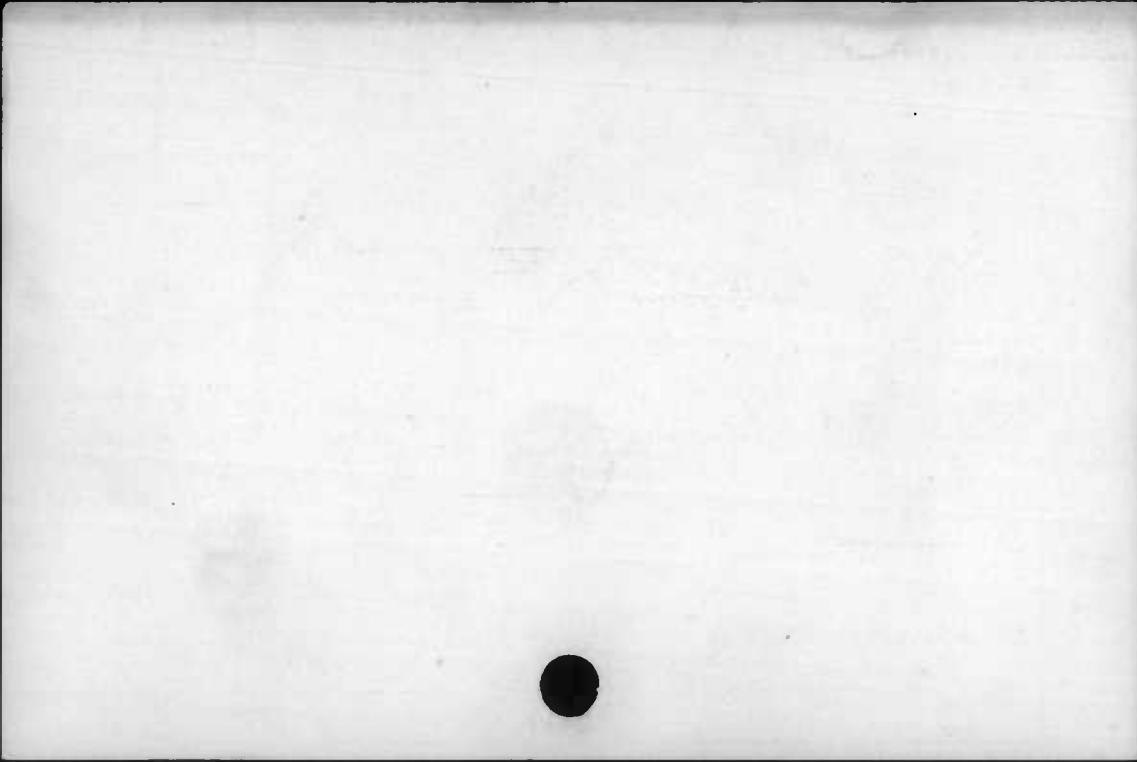
Name in Full <b>Sidney Reaney Sappington</b>				Town <b>Libertytown</b>		County <b>Frederick</b>		MARYLAND	
Died at		Date of death		Age		Months		Days	
		1909 8 9		18		5		21	
Sex		Color or Race		Birth-place					
Male		White		Libertytown					
Occupation		Where Residing if not at place of death							
Farmer		Home							
Married, Single or Widowed		Name of Wife or Husband							
Single		None							
Father's Name		Father's Birthplace							
William C Sappington		Libertytown							
Mother's Maiden Name		Mother's Birthplace							
Ann R Sappington		Libertytown							
Name of person giving information		How related to deceased							
Kate W. Anderson		Aunt							

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteritis	How long	9 days
Immediate	Internal Hemorrhage & Shock	How long	4 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. B. Hone	
		Address	
		Libertytown	
		Frederick Co.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Gottlieb H. Scharf* Town *SANATORIUM, MD.* County *Dorchester*  
 Died at *SANATORIUM, MD.* Month *August* Day *16* Year *1902* Age *41* Months *0* Days *11*  
 Date of death 190 *August* *16* Age *41*  
 Sex *M* Color or Race *W.* Birthplace *Danmark.*  
 Occupation *Plumber* Where Residing if not at place of death *—*  
 Married, Single or Widowed *M* Name of Wife or Husband *Mrs Amelia Scharf*  
 Father's Name *Charles Scharf* Father's Birthplace *Germany*  
 Mother's Maiden Name *Christina Jensen* Mother's Birthplace *Danmark*  
 Name of person giving Information *Herman Meyers* How related to deceased *none*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *4 yrs*  
 Immediate *Pneumonia & Cardiac Disturbance* How long *8 days*

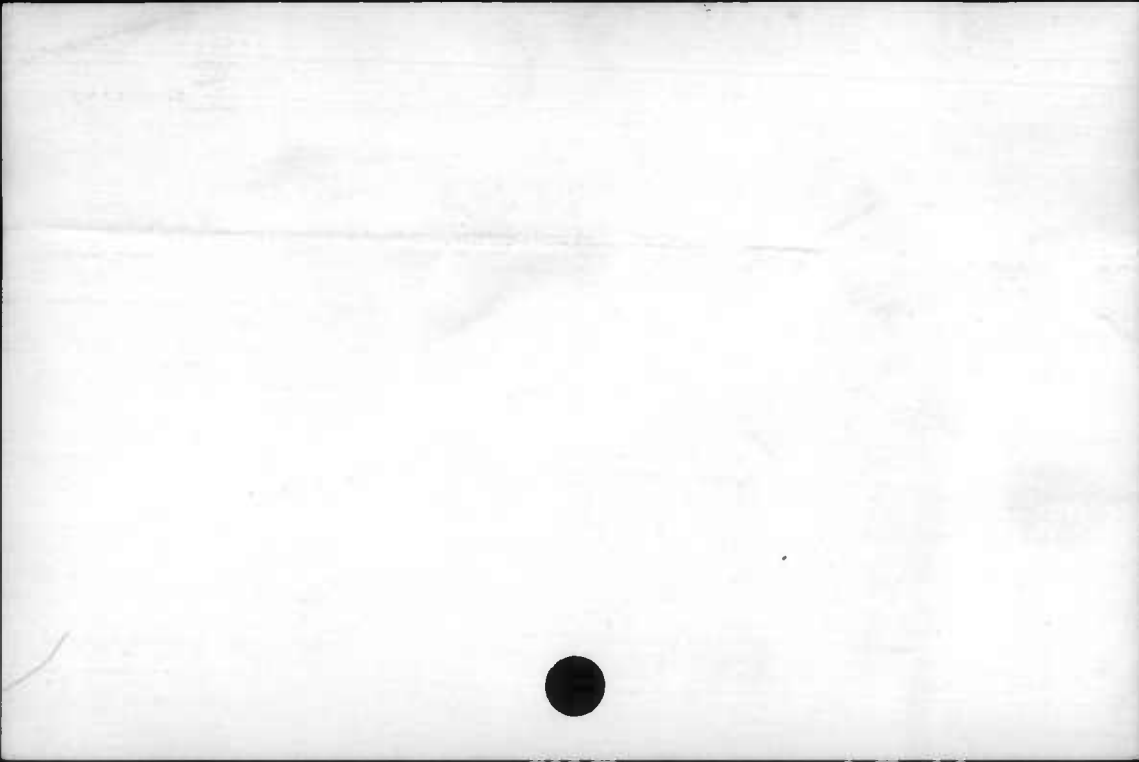
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *June's Sebald* Town *Emmitsburg* County *Fredrick*  
Died at  
Date of death *1909 Aug 8* Month *Aug* Day *8* Age *10* Years *8* Months *8* Days *1*  
Sex *Male* Color or Race *White* Birth-place *Emmitsburg*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *John D. Sebald* Father's Birthplace *Emmitsburg*  
Mother's Maiden Name *Stella Fowler* Mother's Birthplace *Emmitsburg*  
Name of person giving Information *Daniel Sweeney* How related to deceased *Under taker*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *2 weeks*  
Immediate *Acute Nephritis and Uremia* How long *4 days*  
Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *B. J. Jamison*  
Address *Emmitsburg Md.*  
Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

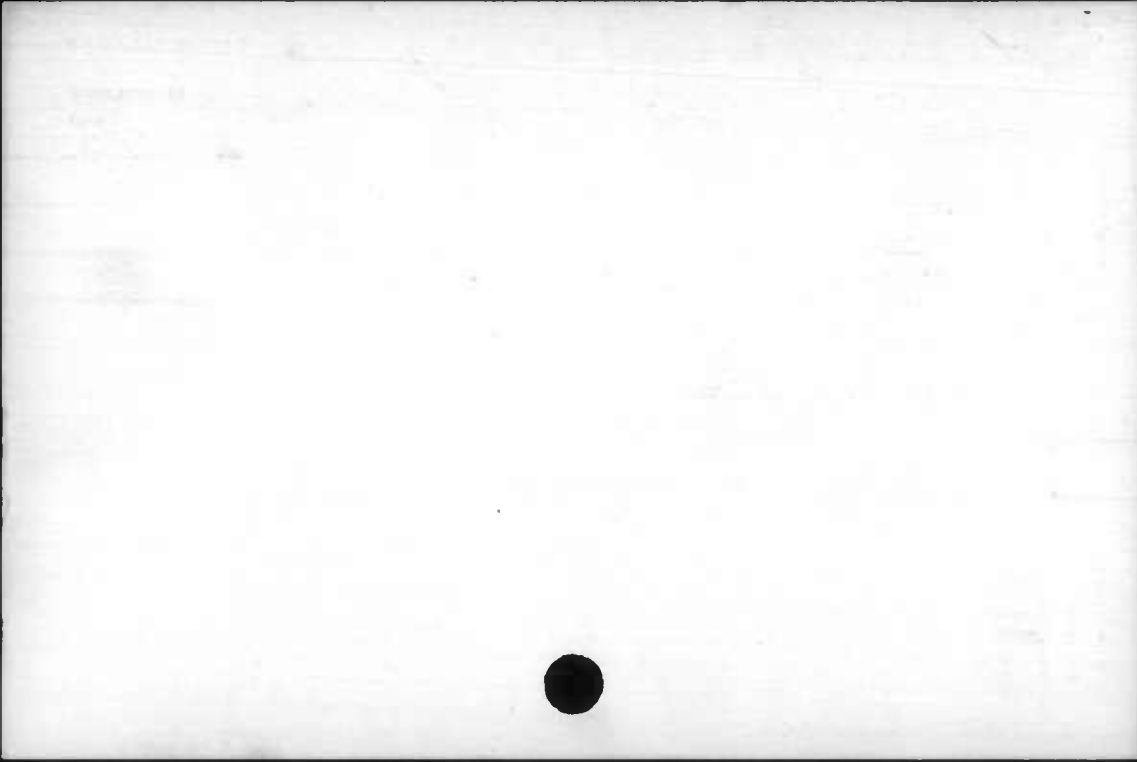
Name in Full <b>Hazel Ruth Shelling</b>		Town <b>Beausweet</b>		County <b>Fredrick</b>		State <b>MARYLAND</b>	
Died at <b>home</b>		Month <b>Aug</b>		Day <b>14</b>		Years <b>68</b>	
Date of death <b>1909</b>		Month <b>Aug</b>		Day <b>14</b>		Age <b>68</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Ind</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Jane</b>		<b>Det on</b>			
Father's Name <b>John Shelling</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Catharin Shetton</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving Information <b>John</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <b>Organic Heart</b>	How long <b>Some time</b>
Immediate <b>Indigestion</b>	How long <b>5 minutes</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Wm. H. H. H.</b>
	Address <b>Beausweet Fredrick Co Ind</b>
Accident or Suicide <b>—</b>	





Name in Full *Bertha Ellen Shipley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

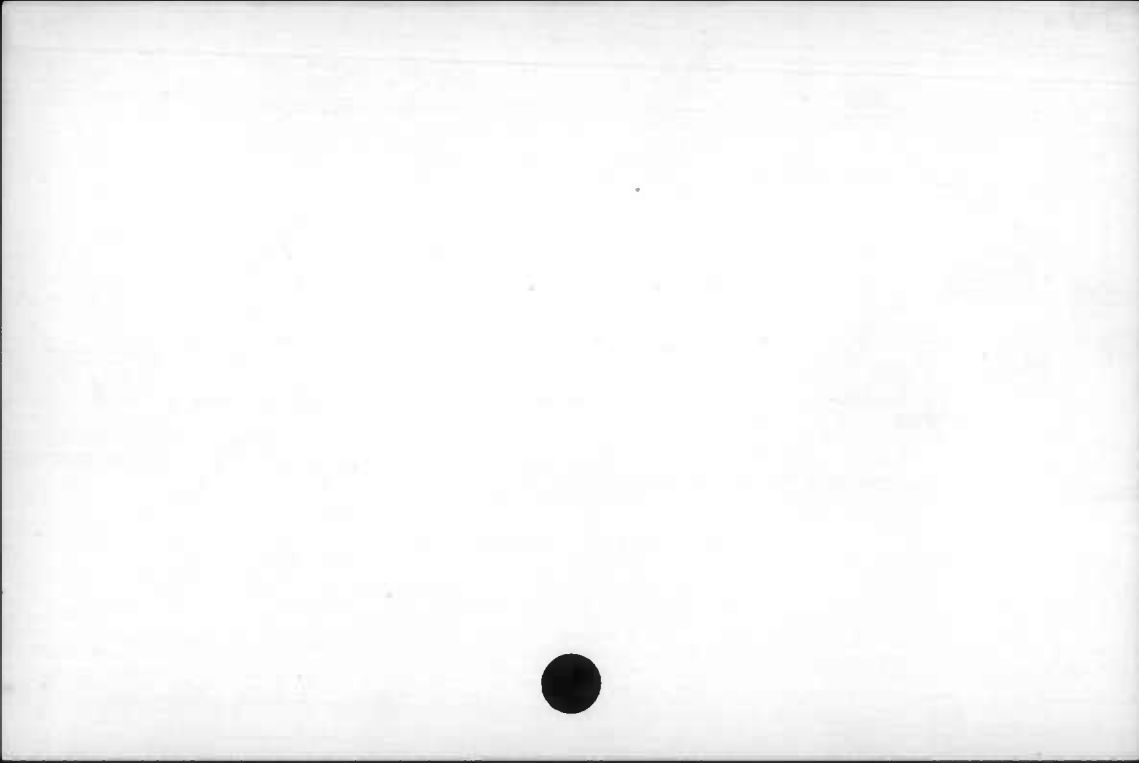
Died at <i>New Market</i> <small>Town</small>		<i>Fredk</i> <small>County</small>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>8</i>	Day <i>5</i>	Age <i>—</i>	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Edward Shipley</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Edna Ehlson</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary <i>Infantile Mal-nutrition</i>	How long <i>Four weeks</i>
Immediate <i>Asphyxia</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. O. Thomas Md</i>
	Address <i>Fredrick Md</i>
Accident or Suicide <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edward Shivers

Town

County

MARYLAND

Died at

Johnsville

Ind. Co.

Date

1909 Aug.

Day

27

Age

Years

74

Months

6

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Johnsville

Occupation

Carpenter

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Joshua Shivers

Father's  
Birthplace

Libertytown

Mother's  
Maiden Name

Margaret

Mother's  
Birthplace

wind field

Name of person giving  
Information

Jesse Shivers

How related  
to deceased

brother

## CAUSES OF DEATH

154

Primary

General Debility

How long

Several years

Immediate

Heart Failure

How long

20 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

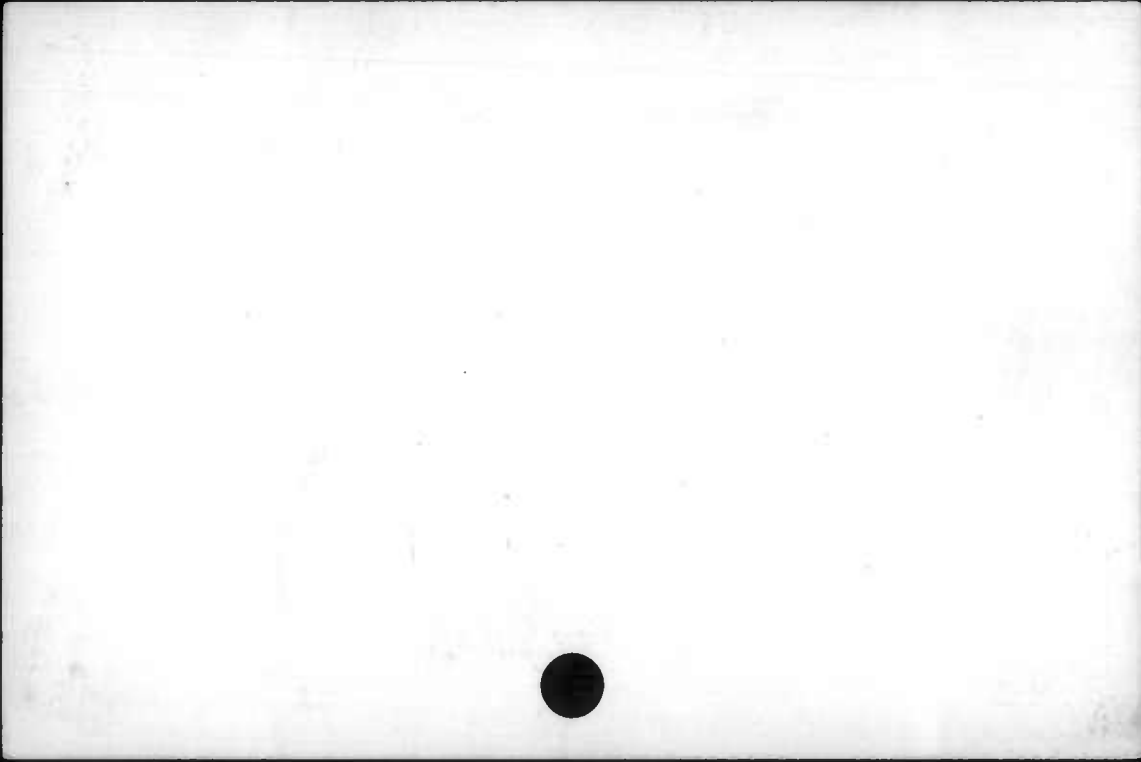
Bra H. Beall, M.D.

Libertytown

Accident or Suicide

und.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Marion G. Sichel

## CERTIFICATE OF DEATH

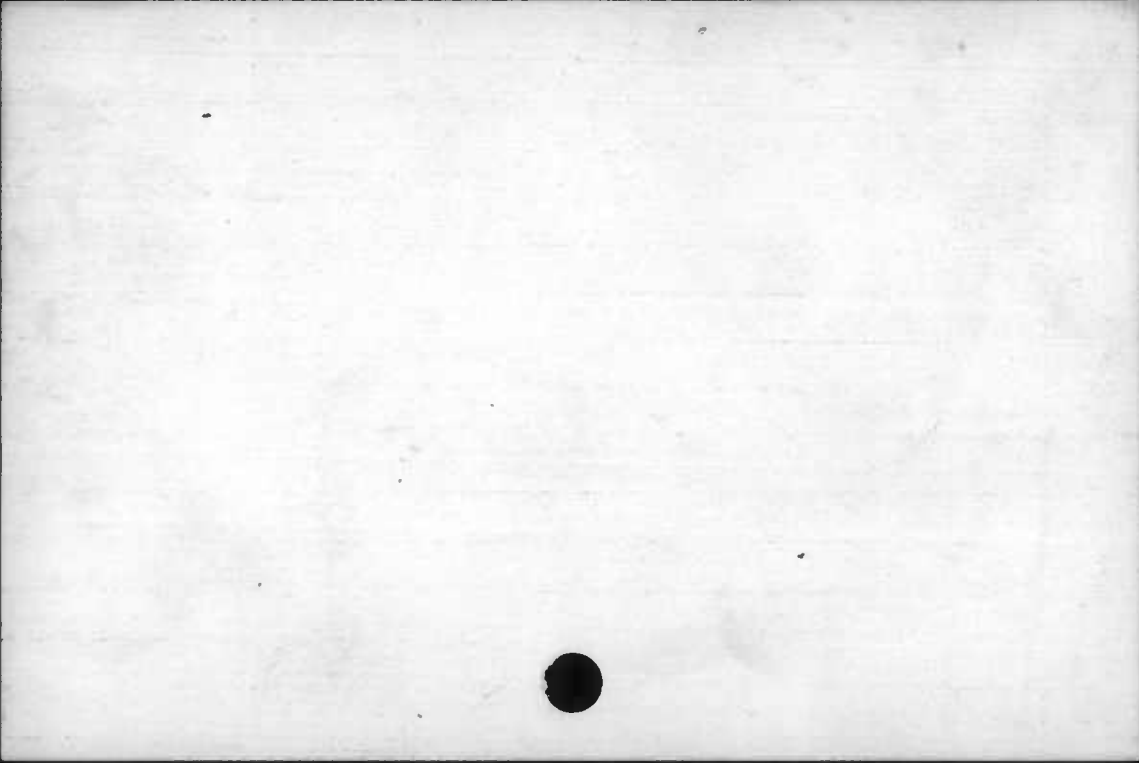
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Greagerstown		County Frederick		MARYLAND	
Date of death		1907 Aug		28		Age Years Months Days	
Sex Male		Color or Race White		Birth- place Greagerstown			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Alva G. Sichel		Father's Birthplace Greagerstown					
Mother's Maiden Name Annie B. Baugher		Mother's Birthplace Lewistown					
Name of person giving In formation Alva G. Sichel		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long	X
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Young	
		Address Greagerstown Frederick Co.	
Accident or Suicide?			



Name  
in  
Full

Luther Sigler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

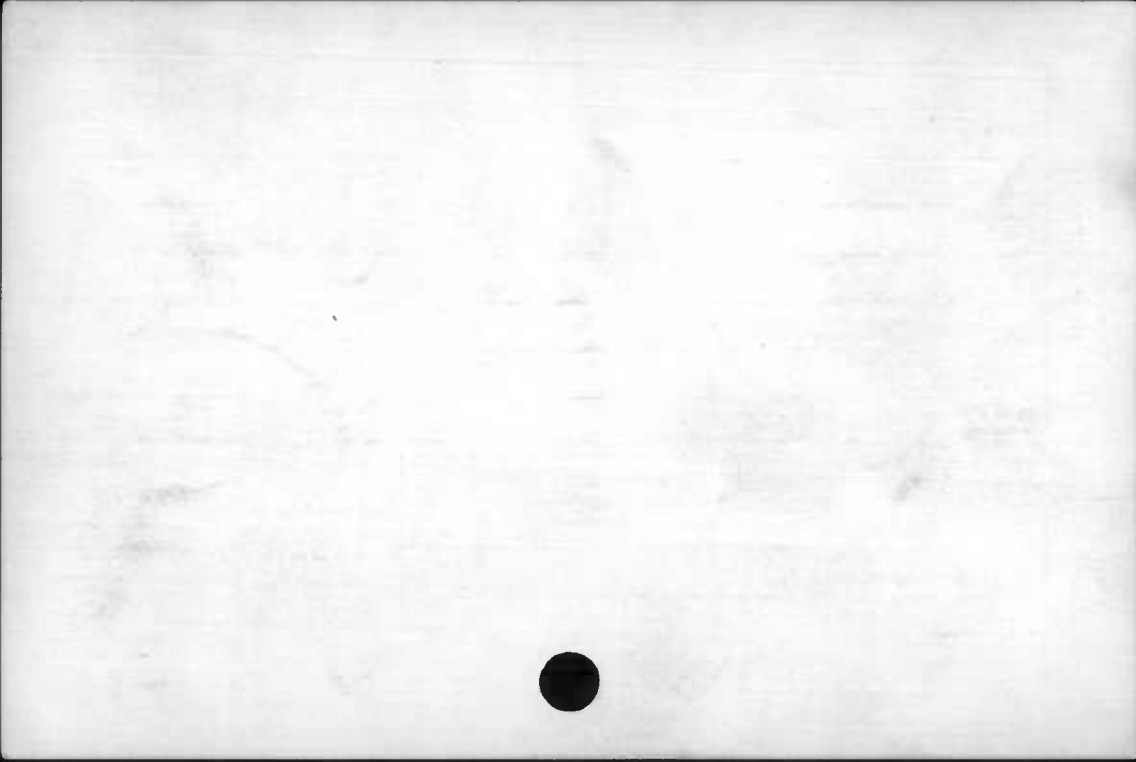
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month 1909 August	Day 2nd.	Age 3	Months X	Days X	
Sex	Male	Color or Race	White		Birth-place	Middle town	
Occupation	None		Where Residing if not at place of death		At place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Wm. Sigler				Father's Birthplace	Maryland	
Mother's Maiden Name	Luther				Mother's Birthplace	Maryland	
Name of person giving Information	Father Wm Sigler				How related to deceased	Father	

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	Intussusception		How long	4 days
Immediate	Peritonitis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T B Johnson	
		Address	Frederick, Md.	
Accident or Suicide				





Name  
in  
Full

Dennis Smith

## CERTIFICATE OF DEATH

Town

County

Died at

Beaver Dam

Frederick

MARYLAND

Date

of death

1909

Month

August

Day

26

Years

Age 68

Months

6

Days

22

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick Co

Occupation

Laborer

Where Residing if not  
at place of death

same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Susan Catherine Smith

Father's  
Name

Anthony Smith

Father's  
Birthplace

Frederick Co

Mother's  
Maiden Name

Barbara Eyles

Mother's  
Birthplace

Frederick Co

Name of person giving  
Information

Lewis G. Yingling

How related  
to deceased

Son in Law

## CAUSES OF DEATH

Primary

Paralysis (unilateral)

How long

8 years

Immediate

General Asthenia

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. H. Legg

Address

Union Bridge Md.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary A. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

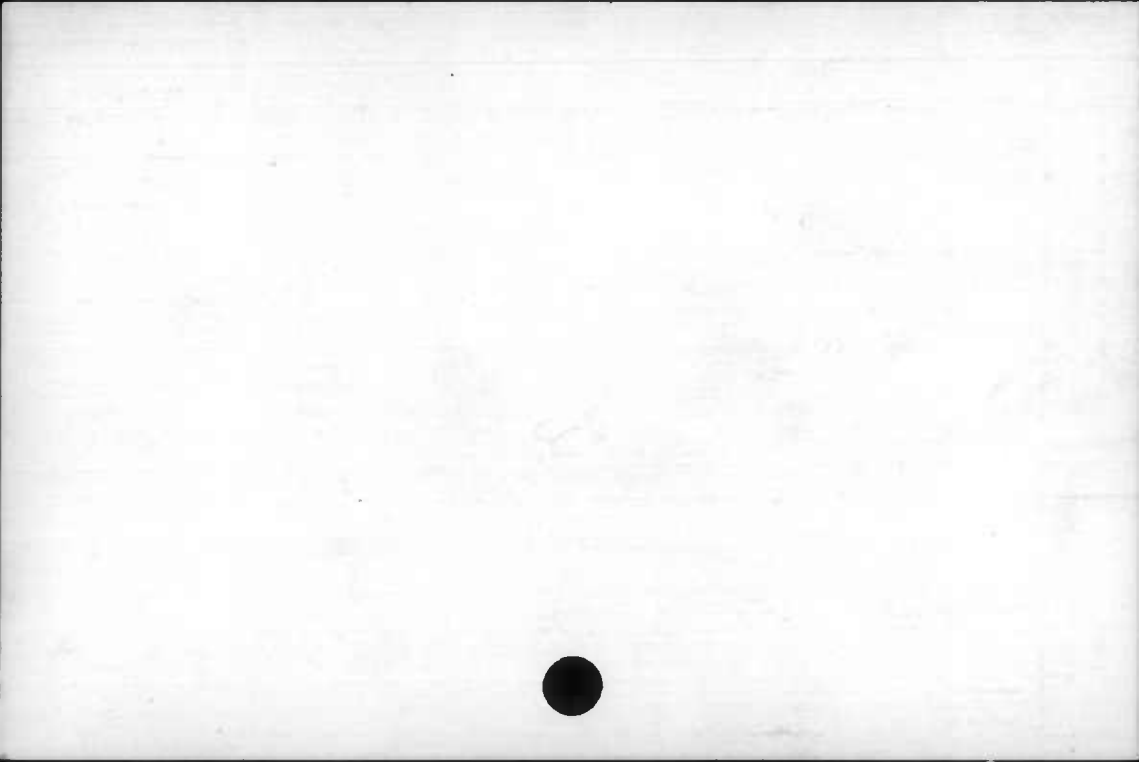
Died at <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND		
Date of death	1909	Month <i>Aug</i>	Day <i>1</i>	Age <i>36</i>	Months <i>10</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John A. Smith</i>					
Father's Name <i>Aaron A. Helfstay</i>	Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Anna Schan</i>	Mother's Birthplace <i>Ind. Penn</i>					
Name of person giving Information <i>John A. Smith</i>	How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Bright's Disease</i>		How long	<i>8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. G. Horine</i>		
	Address <i>Brunswick, Md.</i>		
Accident or Suicide <i>no</i>			



Name  
in  
Full

Ellie Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

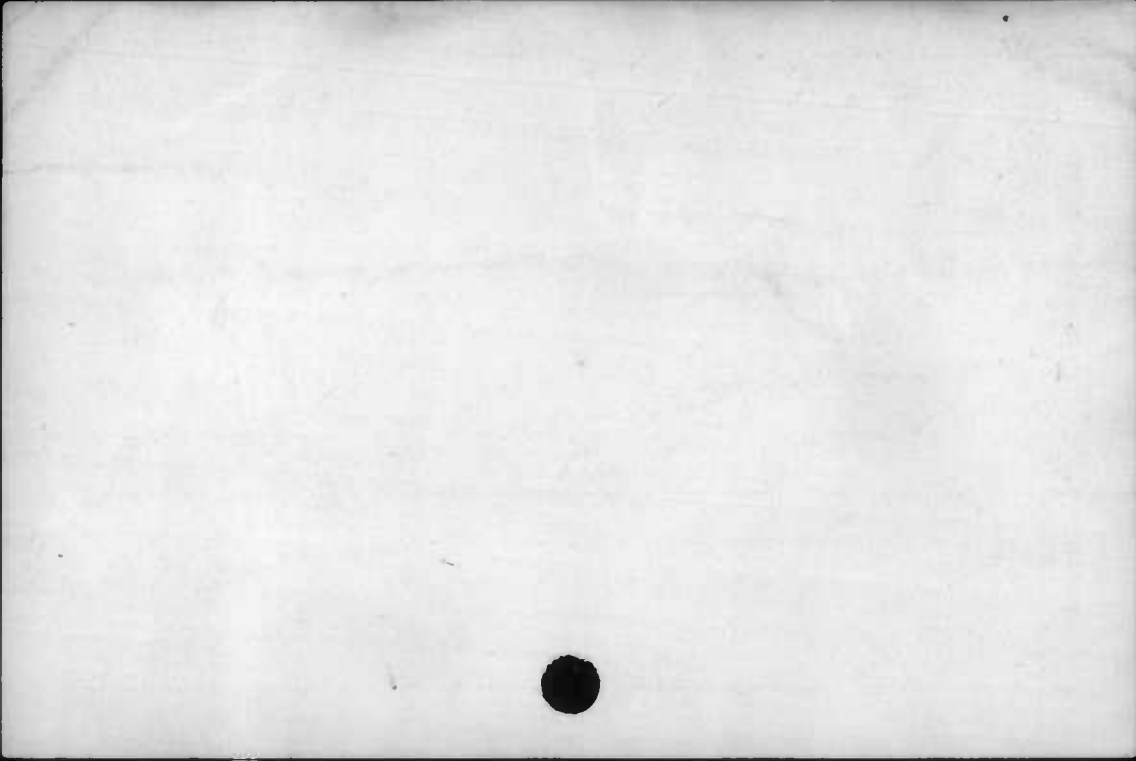
Died at		Town Myersville		County Frederick Co		MARYLAND	
Date of death	1909	Month Aug	Day 29	Age 2	Years 2	Months 3	Days 2
Sex	Female		Color or Race	White		Birth- place	Myersville
Occupation	None			Where Residing if not at place of death Myersville			
<del>Married</del> Single or <del>Widowed</del>			Name of Wife or Husband None				
Father's Name Oliver Smith				Father's Birthplace Myersville			
Mother's Maiden Name Annie Green				Mother's Birthplace Elberton			
Name of person giving In formation Oliver Smith				How related to deceased Father			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Enterocolitis		How long	2 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Ralph Browning	
			Address Myersville, Md.	
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *None given* *Snook* County *Frederick* Maryland

Town *Graceland*

Died at *Graceland*

Date of death 1909 *Aug* 16 Age *0* Months *8* Days *16*

Sex *Male* Color or Race *White* Birth-place *Graceland Md*

Occupation *None* Where Residing if not at place of death *Graceland*

Married, Single or Widowed *single* Name of Wife or Husband *None*

Father's Name *Harry Snook* Father's Birthplace *Md*

Mother's Maiden Name *Maud Reicholtz* Mother's Birthplace *Md*

Name of person giving Information *M. A. Biney* How related to deceased *physician*

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary *Underdeveloped heart* How long *4 hrs*

Immediata

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. A. Biney* Address *Frederick Md.*

Accident or Suicide *No*





Name  
in  
Full

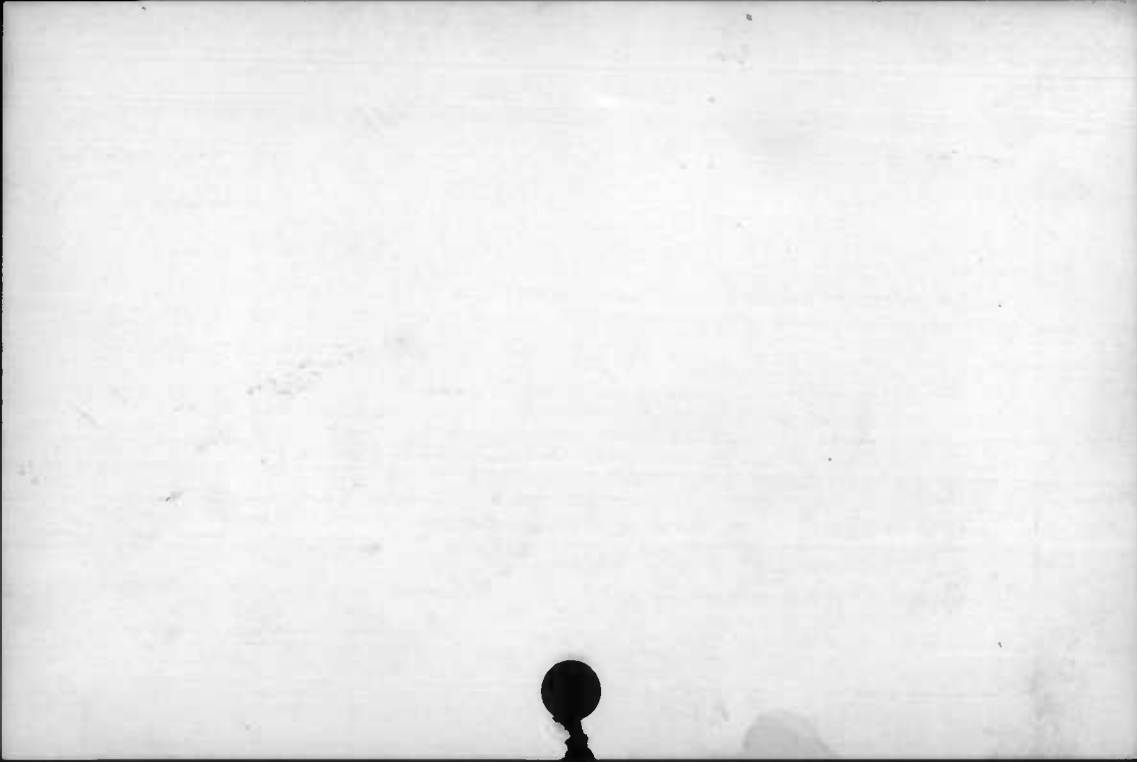
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wolfsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190	<i>9</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>66</i>	Years	Months <i>5</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garfield, Md</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Martha Hourley</i>							
Father's Name <i>Joseph Stottlenberg, sen</i>				Father's Birthplace <i>near Wolfsville</i>			
Mother's Maiden Name <i>Margaret Heays</i>				Mother's Birthplace <i>near Garfield</i>			
Name of person giving information <i>Emory Frey</i>				How related to deceased <i>distant relative by marriage</i>			

PHYSICIAN  
OR CORONER

(From returned certificate)		CAUSES OF DEATH		55 X	
Primary	<i>Senility &amp; General Schiz</i>		How long		
Immediate	<i>Auto intoxication</i>		How long <i>2 days</i>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G.W. Davison</i>		Address <i>Wolfsville.</i>	
Accident or Suicide?					



Name  
in  
Full

Lda J. Storer

## CERTIFICATE OF DEATH

Died at Burkittsville Fred County MARYLAND  
 Date of death 190 9 Month Aug. Day 15 Age 52 Months 0 Days 0  
 Sex Female Color or Race White Birth-place Fred. Md.  
 Occupation None Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Unknown

Father's Name

Jacob Roback

Father's Birthplace

Wad. Co.

Mother's Maiden Name

Nancy Hanes

Mother's Birthplace

"Son"

Name of person giving Information

J. W. Storer

How related to deceased

Son

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 wks

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

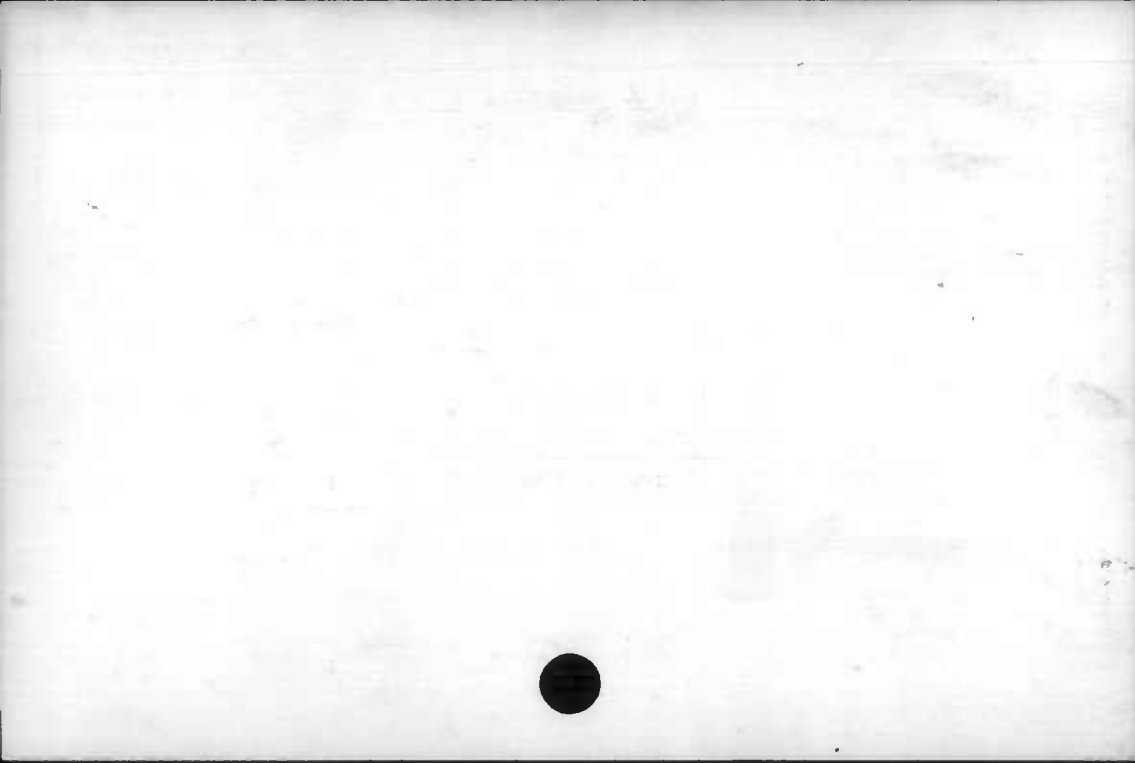
Signature of Physician

Address

J. W. Storer  
Burkittsville

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Cecelia Thompson*  
 Town County

Died at *Frederick*

MARYLAND

Date

of death 1909

Month

*aug*

Day

*9*

Age

*20*

Months

*9*

Days

*—*

Sex

*Female*Color or  
Race*White*Birth-  
place*Pearl. Md*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*J. W. Thompson*Father's  
Name*John. Haller*Father's  
Birthplace*Md*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*Md*Name of person giving  
Information*H. Thompson*How related  
to deceased

## CAUSES OF DEATH

*138*PHYSICIAN  
OR CORONER

Primary

*Chronic Convolutions  
in the pregnant  
toemia*

How long

*2 days*

Immediate

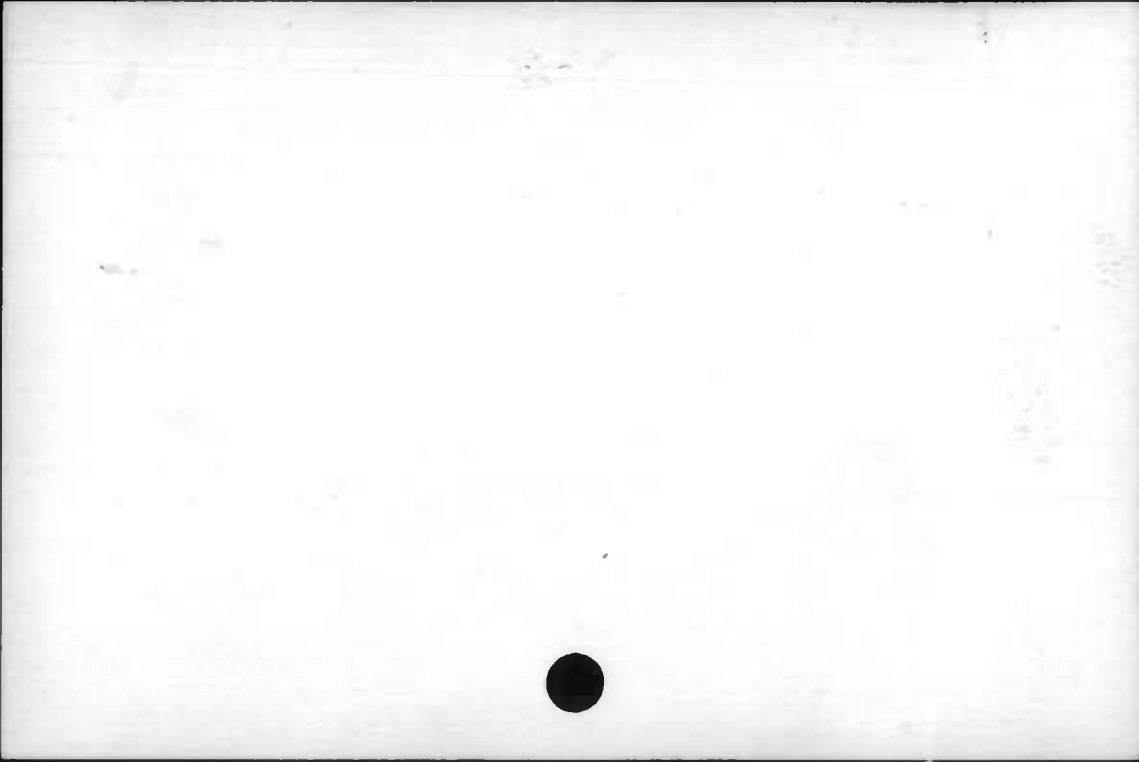
How long

*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*H. H. - Hedges  
Frederick*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

*Infant Thompson*

Died at *Frederick* Town *Frederick* County *MARYLAND*  
 Date of death *1909 Aug 6* Month *Aug* Day *6* Age *—* Years *—* Months *—* Days *—*  
 Sex *Male* Color or Race *White* Birth-place *Frederick*  
 Occupation *+* Where Residing if not at place of death

~~Married~~ Single ~~or Widowed~~ Name of Wife or Husband *X*  
 Father's Name *J. W. Thompson* Father's Birthplace *Frederick*  
 Mother's Maiden Name *Elia Haller* Mother's Birthplace *Maryland*  
 Name of person giving Information *Harry Thompson* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Premature birth* How long *8 1/2 min*  
 Immediate *Remittent Convulsions* How long *24 hours*  
 Are the name, age, sex, color, date and place correctly given above?  
 Signature of Physician *H. H. H. H.*  
 Address *Frederick*  
 Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Legrande H. Travis

CERTIFICATE OF DEATH

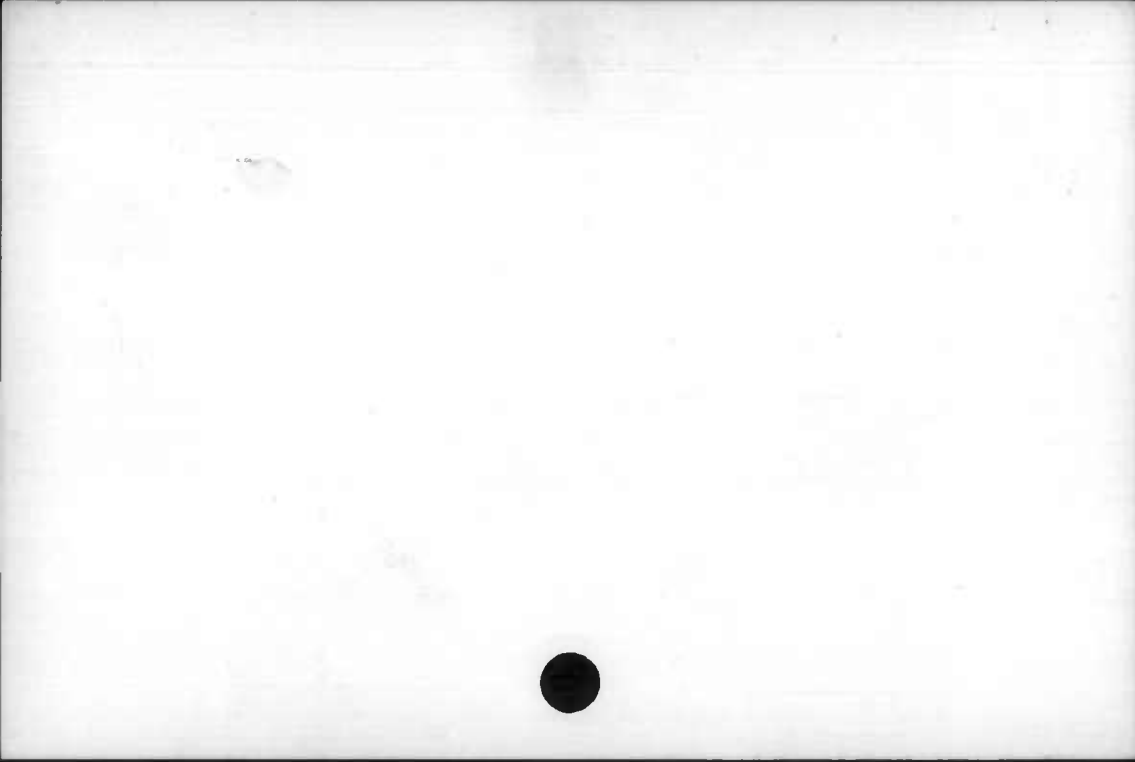
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fredrick Town " County  
 Date of death 1909 Month 8 Day 15 Age 78 Years Months — Days —  
 Sex Male Color or Race White Birth-place N. Y.  
 Occupation Retired Where Residing if not at place of death Y  
~~Married, Single~~ or Widowed Name of Wife or Husband Kate E. Carmack  
 Father's Name Cornelius Travis Father's Birthplace N. Y.  
 Mother's Maiden Name Rebecca Haines Mother's Birthplace N. Y.  
 Name of person giving Information W. H. B. Etchison How related to deceased Undertaker

## CAUSES OF DEATH

Primary Chronic Brights Disease How long 120 Y.  
 Immediate Uremic Coma. How long 10 days  
 Are the name, age, sex, color, date and place correctly given above? Ys Signature of Physician C. F. Gordon, M.D.  
 Address Fredrick, Md.  
 Accident or Suicide no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel L. Ingouing* Town *Libertytown* County *Frederick*

Died at *Libertytown* *Frederick* MARYLAND

Date of death 1909 *Aug.* Month *26* Day *27* Age *27* Years *10* Months *21* Days

Sex *male* Color or Race *white* Birth-place *Pa.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lena J. Ingouing*

Father's Name *Samuel Ingouing* Father's Birthplace *England*

Mother's Maiden Name *Clara Kidd* Mother's Birthplace *Balto. Md.*

Name of person giving Information *Lena Ingouing* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Typhoid Fever* How long *15 days*

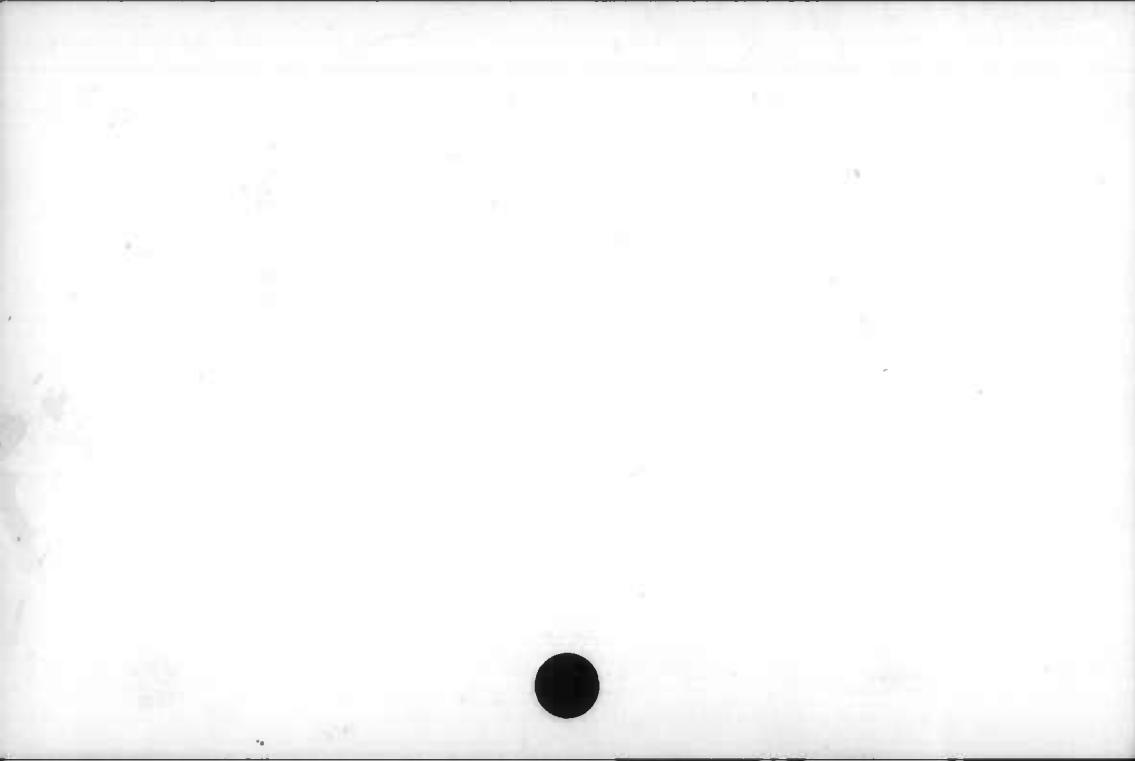
Immediate *Intestinal hemorrhage* How long *30 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. H. Beall, M.D.*

Address *Libertytown Md.*

~~Accident or Suicide~~

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Truman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Burkittsville <sup>Town</sup> Fred. <sup>County</sup> **MARYLAND**  
 Date of death 1909 <sup>Month</sup> Aug. <sup>Day</sup> 1 <sup>Years</sup> Age 73 <sup>Months</sup> 0 <sup>Days</sup> 0  
 Sex Female Color or Race Colored Birth-place Fred Co.  
 Occupation None Where Residing if not at place of death  
 Married, Single or Widowed Married Name of Wife or Husband William Truman  
 Father's Name William Morris Father's Birthplace Fred. Co.  
 Mother's Maiden Name Sally Fernald Mother's Birthplace " "  
 Name of person giving Information William Truman How related to deceased Husband

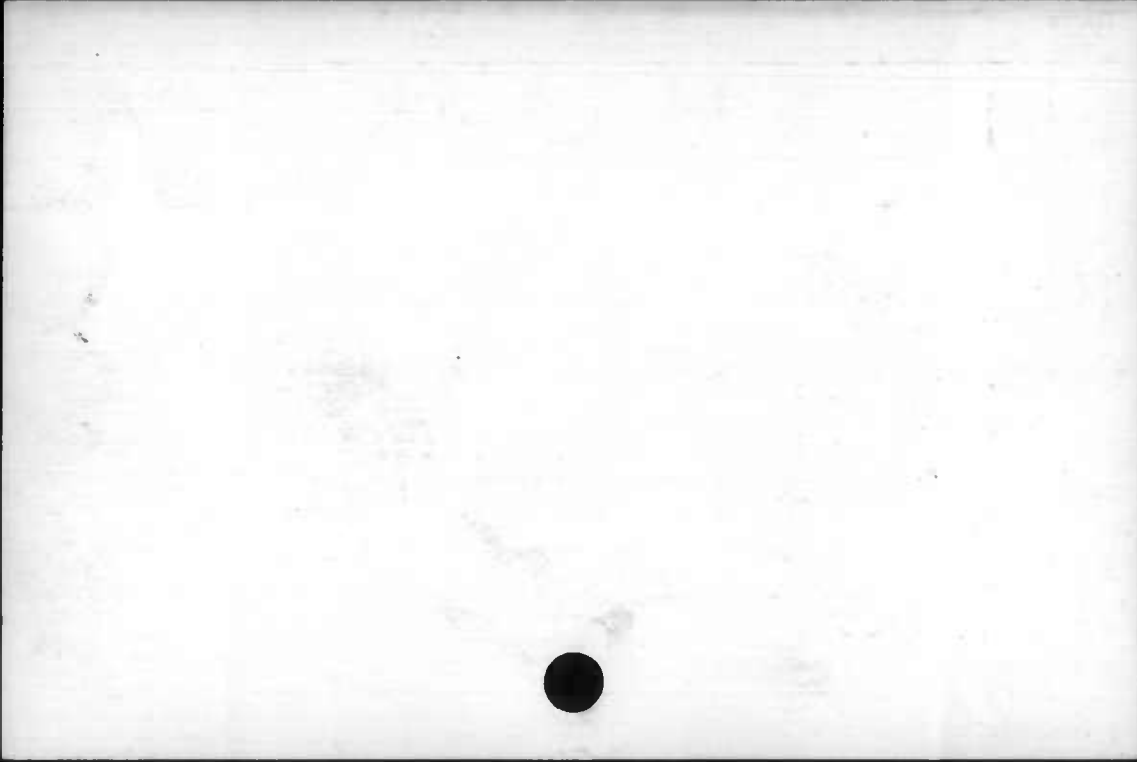
## CAUSES OF DEATH

Primary Chronic Interstitial Nephritis <sup>How long</sup> Unknown  
 Immediate Uremic Convulsions <sup>How long</sup> 2 days  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. J. Fournier

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Spencer E. Wachter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Blomfield* <sup>County</sup> *Floods* **MARYLAND**

Date of death <sup>Month</sup> *8* <sup>Day</sup> *19* <sup>Years</sup> *32* <sup>Months</sup> *11* <sup>Days</sup> *4*

Sex *Male* Color or Race *White* Birth-place *Ft. Co Md*

Occupation *Farmer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Jennie Wiley*

Father's Name *Ezra Wachter* Father's Birthplace *Ft. Co Md*

Mother's Maiden Name *Julia A. B. Stull* Mother's Birthplace *" " "*

Name of person giving information *Ezra Wachter* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Enteric Fever* How long *28 days*

Immediate *Cardiac Asthenia* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Dr. F. J. Fahmy*

*Fredrick Md*

Accident or Suicide? *no*

Interment Aug 21 - 1909

" at Mt Olivet Cem-

Thomas P. Rice F. D.

Mr. H. P. Fahrney

Mr. Goodill  
Mr. McCardy,



Name  
in  
Full

Frank W. Wallz

## CERTIFICATE OF DEATH

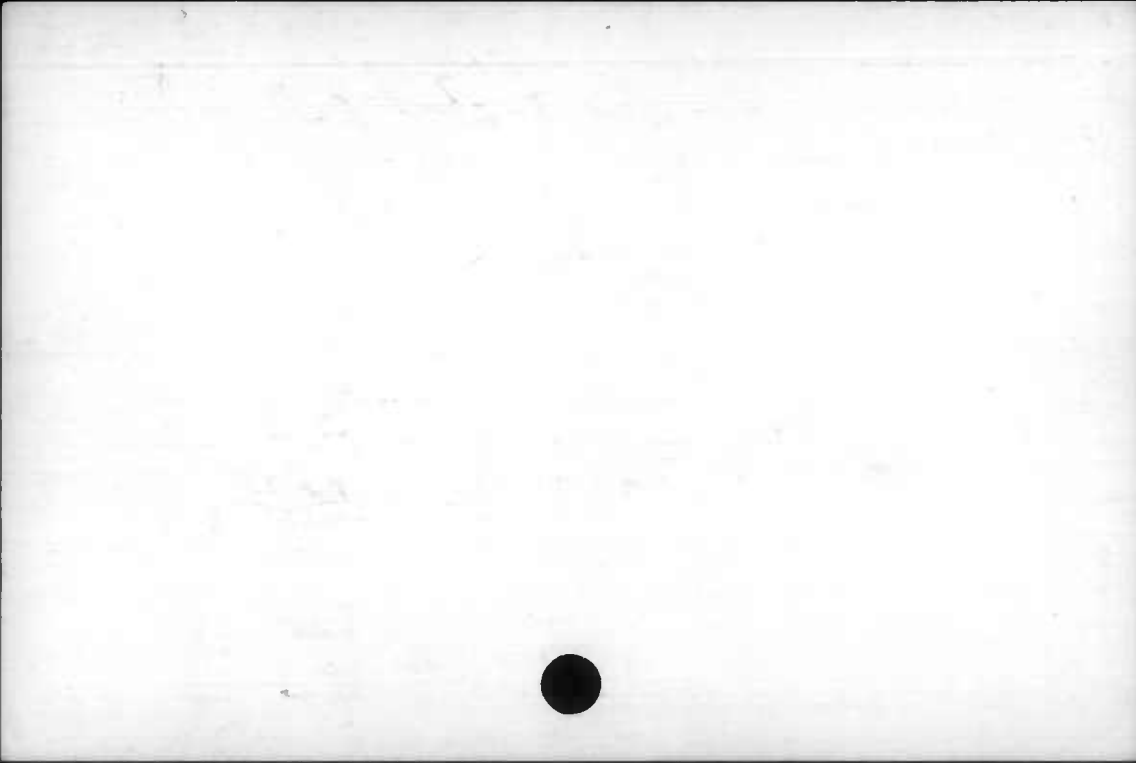
TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town Araby	County Frederick	MARYLAND		
Date of death	Month 1909 August	Day 28	Years Age 50	Months 10	Days 24
Sex	Male	Color or Race	White	Birth-place	Johnsville, Md.
Occupation	Farmer		Where Residing if not at place of death Araby, Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Eliz. B. Swigert		
Father's Name	Geo. W. Wallz		Father's Birthplace	Johnsville, Md.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Family record		How related to deceased	No relation	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	154	Gradual.
Immediate	Exhaustion	How long	4 weeks.	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. B. Johnson.	
		Address	Frederick, Md.	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

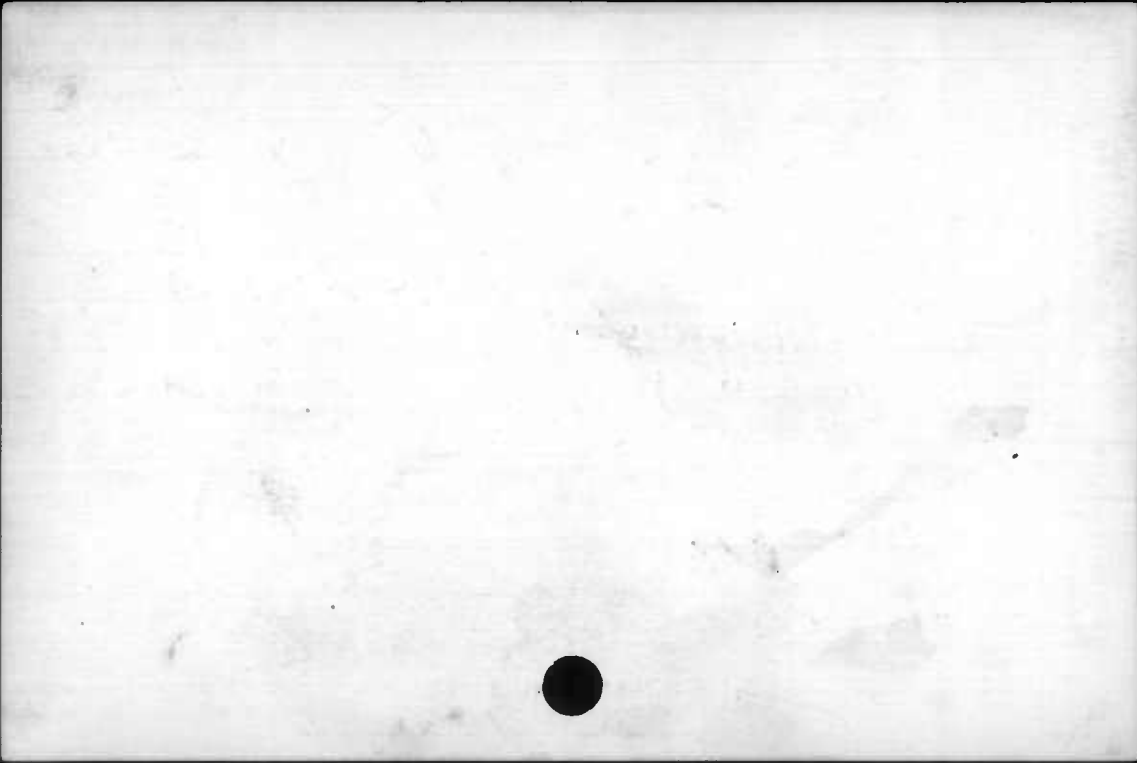
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Anna Warner</i>		Town <i>Detour</i>		County <i>Fredricks</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>25</i>		Years <i>87</i>	
Date of death <i>190</i>		Month <i>9</i>		Day <i>25</i>		Years <i>87</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>		Months <i>8</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Warner</i>					
Father's Name <i>un known</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name		Mother's Birthplace <i>unknown</i>					
Name of person giving Information <i>Erighman Grossnickle</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer left temple + cheek</i>	How long	<i>2 years</i>
Immediate	<i>General debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edw. Waller</i>	
		Address <i>Detour</i>	
Accident or Suicide <i>—</i>		<i>—</i>	



Name  
in  
Full

Ignatius A. Wicklers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Aug	Day	29
Age	—		Years	—	
Sex	male		Color or Race	white	
Occupation	—		Birth-place	Frederick md	
Merrisd, Single or Widowed			Name of Wifs or Husband		
Single			—		
Father's Name			Father's Birthplace		
Charles A. Wicklers			Frederick Co Md		
Mother's Maiden Name			Mother's Birthplace		
Anna Mary Riddlemoser			u u u		
Name of person giving Information			How related to deceased		
Charles A Wicklers			Father		

## CAUSES OF DEATH

93

X

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>1 day</u>
Immediste	<u>Cardiac Asthenia</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Sabner md.	
Address		130 Church St Frederick md.	
Accident or Suicide			

Interment Aug 31 - 09  
" at St. John's Cemetery

Thomas R. Rice R. A.

Dr Burd

Name  
in  
Full

## CERTIFICATE OF DEATH

Name in Full *Elbert Wolf*

Died at

Town *Wolfville*

County

*Frederick*

MARYLAND

Date

of death

Month *Aug.*

Day

*31*

Age

Years

Months

*11*

Days

*11*

Sex

*Male*Color or  
Race*White*Birth-  
place*Wolfville*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Wade H. Wolf*Father's  
Birthplace*Wolfville*Mother's  
Maiden Name*Eva Worrenfeltz*Mother's  
BirthplaceName of person giving  
Information*Wade H. Wolf*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Enteric Colitis*

How long

*4 days*

Immediate

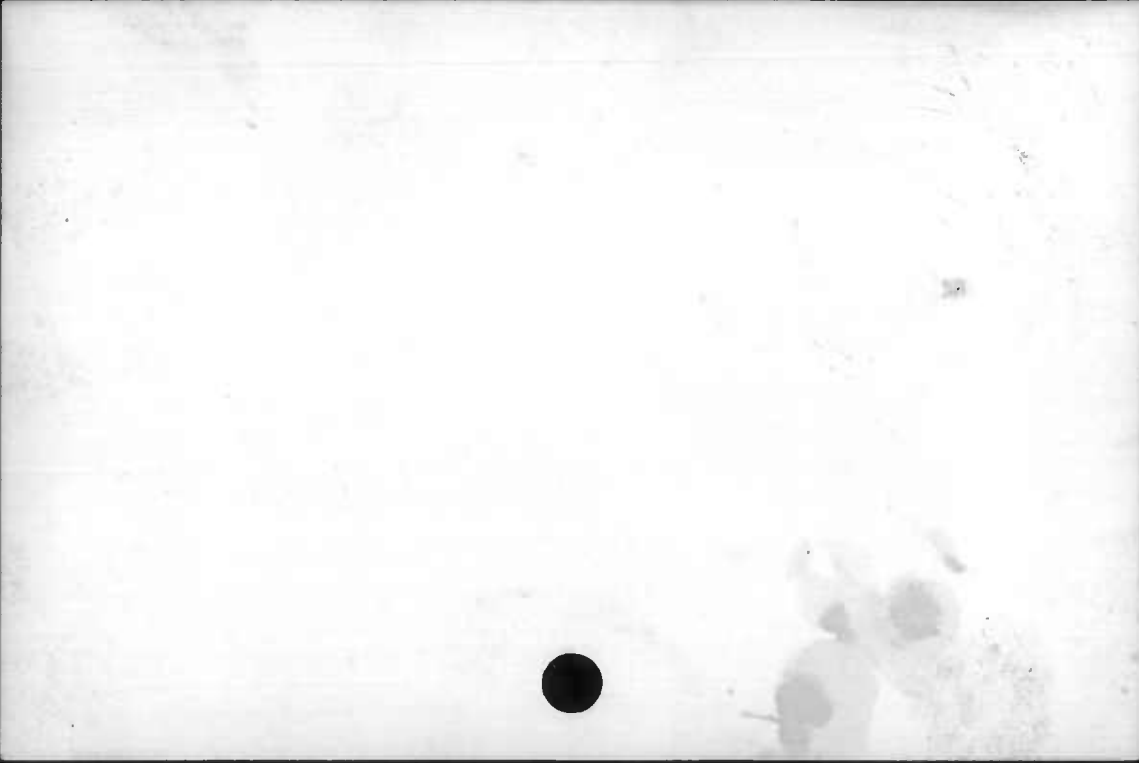
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*G. W. Davidson*

Address

*Wolfville*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Woodyard  
Emmitsburg Frederick

MARYLAND

Died at

Date

of death

1909 Aug

Day

13

Age

Years

65

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

not known

Occupation

laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Hiram Woodyard

Father's  
Birthplace

Mother's  
Maiden Name

not known

Mother's  
Birthplace

Name of person giving  
Information

Joab Topper

How selected  
to deceased

next of kin

CAUSES OF DEATH

77

Primary

Chronic Interstitial Nephritis

How long

3 years.

Immediata

Pericarditis

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

B. J. Jernigan

Address

Emmitsburg  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

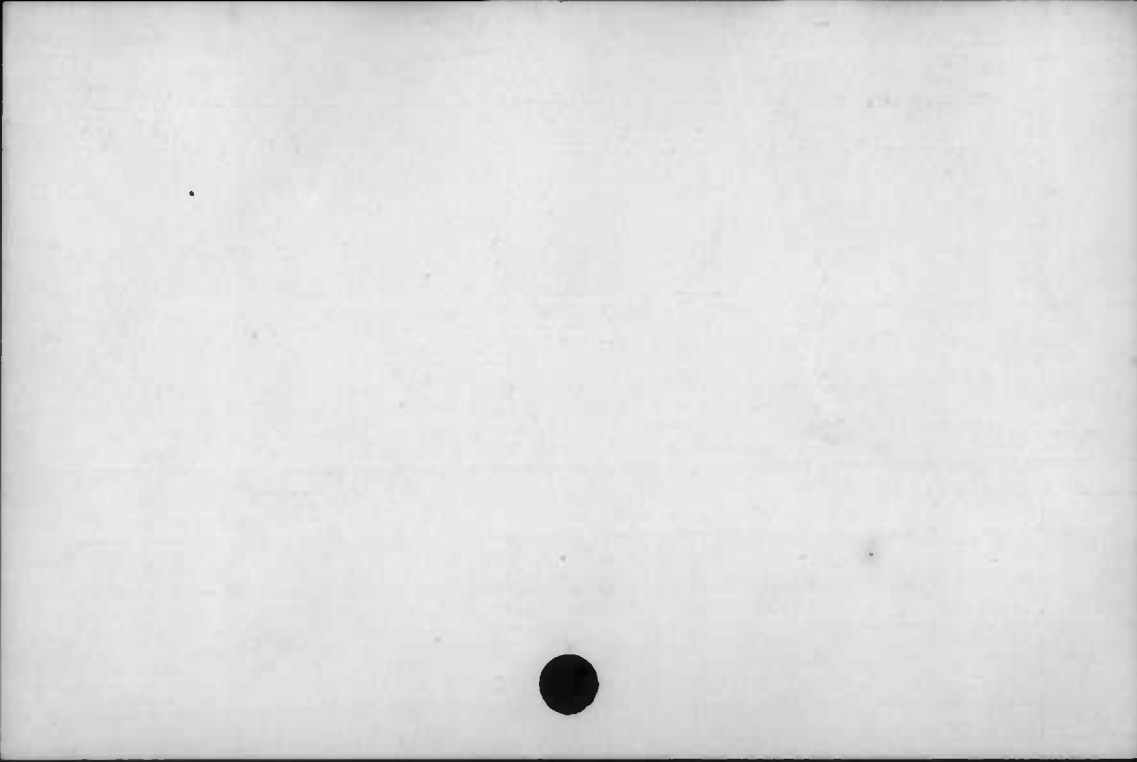
Died at		Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug</i>	Day <i>6</i>	Age <i>46</i>	Years	Months <i>1</i>	Days
Sex	<i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Thurmont</i>			
Occupation	<i>Merchant</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Emma Francis Warner</i>				
Father's Name	<i>Henry Clay Norman</i>				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Margaret A Leachman</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information	<i>Emma Norman Sappington</i>				How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

120 X

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>4 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jas. C. Sappington</i>
		Address	<i>Liberty Town</i>
			<i>Maryland</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *State Sanatorium* *Dundalk* CountyDate of death 190 *9* Month *Aug* Day *9* Age *52* Years Months *8* Days *23*Sex *A* Color or Race *W.* Birthplace *North Carolina*Occupation *Nurse at Hospital* Where Residing if not at place of death *State Sanatorium*Married, Single or Widowed *Widowed* Name of Wife or Husband *E.B. Wrightson*Father's Name *J.S. Bonshue* Father's Birthplace *Va.*Mother's Maiden Name *Martina Price* Mother's Birthplace *North Carolina*Name of person giving Information *A. Meyer* How related to deceased *none*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *20 yrs*Immediate *Tubercular Meningitis* How long *2 days*

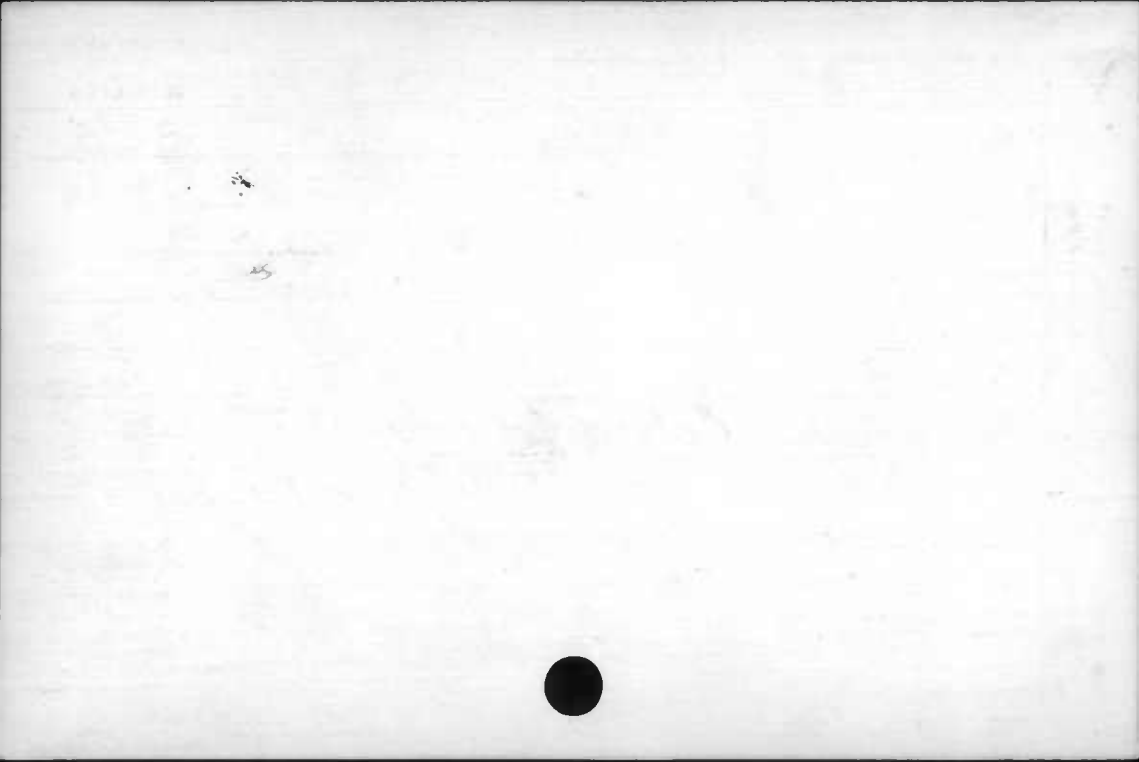
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Cara Lee Young* Town *Unionville* County *Frederick*

Died at *Unionville* Month *August* Day *21* Years *37* Months *11* Days

Date of death *1909 August 21* Age *37*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *William Young*

Father's Name *Israel Garber* Father's Birthplace *Md.*

Mother's Maiden Name *Amanda Fritz* Mother's Birthplace *Md.*

Name of person giving Information *Mrs Edna Stately* How related to deceased

## CAUSES OF DEATH

Primary *Tuberculosis* How long *27* *3 years*

Immediate *Exhaustion in Labor* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. S. Pearce* Address *Unionville Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

John Nicholas Zimmerman

Town

County

Died at Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

8

22

Age

76

8

20

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick Co Md

Occupation

Farmer (Retired)

Where Residing if not  
at place of death

Place of Death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Julia A. S. Measell

Father's  
Name

John Zimmerman

Father's  
Birthplace

Frederick Co Md

Mother's  
Maiden Name

Elizabeth Albaugh

Mother's  
Birthplace

" " "

Name of person giving  
information

Mrs. E. L. Roelkey

How related  
to deceased

Daughter

## CAUSES OF DEATH

45

Primary

Cancer (Prostate Gland)

How long

One year or more

Immediate

Hemorrhage + Exhaustion

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

S. S. Maynard,

Address

17 Second St West  
Frederick Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Aug 24. 1909

" at Mt Olivet Cemetery.

Thomas P. Rice F.O.

Dr Maynard.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Linwood* *Richard Zimmerman*  
Town County

Died at *Bethal* *Frederick* **MARYLAND**

Date of death *1909 Aug. 14* Age *✓* Months *10* Days *2*

Sex *Male* Color or Race *White* Birth-place *Bethal*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *✓*

Father's Name *Richard L. Zimmerman* Father's Birthplace *Bethal*

Mother's Maiden Name *Joe L. Crum* Mother's Birthplace *Walkerville*

Name of person giving Information *Richard L. Zimmerman* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* How long *Six weeks*

Immediate *Acidemia* How long *Four days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. P. Felt* *MD*

Address *Frederick, Md.*

Accident or Suicide

